



GRACE NEIGHBORHOOD NURSERY SCHOOL

1430 West 28th Street, Minneapolis, MN 55408 612.872.8131 FAX 612.872.7414

REGISTRATION FORM

www.GraceNurserySchool.org

Date: _____ Returning family? Yes No I would like my child to start school in the fall of _____

Child's name: _____ Birthdate: _____
(Last/First/Middle Initial)

Home address: _____
(Street Address/Apt #)
_____ Home telephone: (____) _____
(City/Zip)

Parent name: _____ Work phone: (____) _____ Cell phone: (____) _____

Email: _____ Occupation/training: _____

Parent name: _____ Work phone: (____) _____ Cell phone: (____) _____

Email: _____ Occupation/training: _____

Child care provider's name: _____

Address: _____

Other children in home (name, age, relationship): _____

Family pets: _____

Allergies/symptoms: _____

Describe your child: _____

List any fears your child has and efforts to overcome: _____

What are your goals for your child's nursery school experience? _____

Birth history/developmental history (i.e., significant issues such as premature birth, injuries, etc.): _____

Does your child have any special needs or do you have any concerns at this time?

FOR OFFICE USE ONLY
Date received: _____
Age by 09/ : _____ RF received:

