



## Registration Form

Name of Child \_\_\_\_\_ (M) (F)  
Birthdate \_\_\_\_\_  
Home Telephone \_\_\_\_\_  
Mom's Cell Phone \_\_\_\_\_ Dad's Cell Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email #1 \_\_\_\_\_  
Email #2 \_\_\_\_\_

Name of Father/Guardian \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Mother/Guardian \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

Nearest relative or friend to be contacted in case of an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of those authorized to pick up your child from school

Name _____	Phone _____	Relation to Child _____
Name _____	Phone _____	Relation to Child _____
Name _____	Phone _____	Relation to Child _____
Name _____	Phone _____	Relation to Child _____

Physician to be contacted in case of emergency when parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

I (the undersigned parent/guardian of the above named student) acknowledge that I have voluntarily applied to Incline Village Nursery School for enrollment and participation of the student in Incline Village Nursery School activities. For myself and on behalf of the student, I release, waive, and hold harmless the Incline Village Nursery School, its employees, agents, instructors, officers and trustees for injury, death, or damages to the student resulting from the student's participation in Incline Village Nursery School activities and the ordinary negligence of any employee, agent, or contractor of Incline Village Nursery School; and I agree to indemnify Incline Village Nursery School for any such damages. I authorize Incline Village Nursery School personnel to consent to all emergency medical care to be rendered by duly licensed medical personnel to the student. This care may be given under whatever conditions are necessary to preserve the health and safety of the student.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

We would like to welcome you and your child to the Incline Village Nursery School. The school is a nonprofit organization. Our fundraisers play a large part in allowing us to offer a quality education with a reasonable tuition. You will be called upon to assist with our major fundraiser, the Pumpkin Patch (Fall) of which your participation is mandatory. Additional fundraisers may come up throughout the year for which participation is not mandatory, but appreciated. Thank you for your support. A registration fee of \$100.00 is payable upon submittal of the registration application and is non-refundable.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_