



Registration Form 2024-2025

Date of Application _____ Date of Birth _____

Child's Name _____

Address _____

Parent's Name _____ Parent's Name _____

Home Address _____ Home Address _____

Phone _____ Phone _____

Email address _____ Email Address _____

Parent's Occupation _____ Parent's Occupation _____

Place of Business _____ Place of Business _____

Business Address _____ Business Address _____

Business Phone _____ Business Phone _____

Persons authorized to pick up child and/or contact in case of emergency if neither parent is available

Name _____ Name _____

Relationship _____ Relationship _____

Phone _____ Phone _____

Child's Doctor _____ Phone _____

Please list any siblings of child with age _____

Custodial Information:

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child please explain and attach a copy of appropriate documents. (Court Order)

In the event that a medical emergency occurs I authorize Pilsbury School LLC to seek emergency medical care for my child as deemed necessary by the Director.

Signature _____ Date _____

I have received the Information to Parents Statement:

Signature _____ Date _____

I have read the parent handbook:

Signature _____ Date _____

I give permission for my child to go on teacher supervised neighborhood walks.

Signature _____ Date _____

Allergies

No _____ Yes (please list) _____

_____ Epi-pen? No _____ Yes _____

School Schedule - Please check days wanted

Mon. _____ Tue. _____ Wed. _____ Thur. _____ Fri. _____

Below, please check which hours you'd like:

8:30-12pm _____	8:30-1pm _____	8:30-2:30pm _____	8:30-3pm _____	8:30-4pm _____
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Non-refundable registration fee - \$100.

Please refer to our [Tuition Cost Sheet](#)

Please submit form to:

School email: info@pilsburynurseryschool.com

Center Use Only:

Date of enrollment: _____ Date of Brightwheel invitation: _____

Date security deposit received: _____

Date of withdrawal: _____