



Pre-Enrollment Form

Date: _____

Child's Name: _____ Nickname: _____
Child's Age: _____ Child's Birthdate: _____ Gender: M F

I/We are applying to reserve child care services for the above named child. I/We understand that submitting this form does not guarantee a spot for my child. If there is a spot available for my child I/we will be required to complete an enrollment packet and sign the enrollment contract before the spot is guaranteed. If there is no spot available, The Nursery will place my child on a waiting list or refund my enrollment fee. If I/we choose to be placed on the waiting list I/we understand the enrollment fee is no longer refundable. If a spot is available or when it becomes available the enrollment fee will hold the spot for up to two weeks, unless other arrangements have been made with the Director.

Parent Signature: _____
Parent Signature: _____

To complete the application process please fill out the rest of this form and return it with the \$100.00 enrollment fee.

Mother's Name _____	Father's Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Place of Employment: _____	Place of Employment: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____

Has your child been in child care previously? _____ What type of care? _____
Was it a positive experience for your child? _____ For you? _____
Provide more information if desired: _____

What are your present child care needs:

Days needed: M T W TH F Hours needed: _____ to _____

Is there anything you would like us to know about your child or your family?

We at The Nursery at Our Lady of Sorrows School look forward to providing for your child care needs and having you join our family. If there is anything you need or any questions you have please call the Director at 973-763-4040.

