



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 _____

Desired start date: _____

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.