

CHURCH OF THE SAVIOR (LUTHERAN)

Church of the Savior Nursery School

643 Forest Avenue – Paramus, NJ 07652
201-261-0420 Phone * 201-261-9453 Fax

ENROLLMENT AND APPLICATION FORM 3's

2018 - 2019

Child's Name: _____

Address: _____ Town: _____ Zip: _____

Phone Mother

Home: _____ Work: _____ Cell: _____

Phone Father

Home: _____ Work: _____ Cell: _____

Phone Guardian

Home: _____ Work: _____ Cell: _____

Email address(es): _____

Birth Date: _____ Sex: M / F Birth Place: _____

Parent / Guardian: Father: _____ Mother: _____

Religious denomination background of parents: _____

Does the family regularly attend worship services? Y / N

If so, name of Congregation: _____

Location: _____

Has child been baptized? Y /N If so, Date: _____ Where: _____

If the child has attended other schools, please list name of school, years.

School Name

Address

Years

Special circumstances which you wish to bring to our attention:

Signature of Parent or Guardian

A \$150.00 non-refundable registration fee is due with the application.

Please fill out the attached schedule and return both pages.

_____ I would be interested in being a Class Parent

