

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 4'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

