



REGISTRATION FORM

Ph: 207.846.9010 email: info@villagenursery.org

- 2 Day Class (Th, F) 9a-11:30a - turns 3 by October 15
- 3 Day Class (M, T, W) 9a-12p - turns 4 by October 15

CHILD'S NAME: _____ GENDER: _____
DATE OF BIRTH: _____

PARENT/GUARDIAN #1 NAME: _____
PARENT/GUARDIAN #2 NAME: _____

HOME ADDRESS: _____

MAILING ADDRESS (if different than above):

PARENT #1 CELL PHONE: _____

PARENT #2 CELL PHONE: _____

PARENT #1 EMAIL: _____

PARENT #2 EMAIL: _____

PLEASE LIST SIBLINGS & AGES (did any attend VNS?):

How did you find VNS? _____

PARENT/GUARDIAN #1 SIGNATURE DATE

PARENT/GUARDIAN #2 SIGNATURE DATE

(please notify the VNS teachers if there are any custody issues or restrictions)

A \$50.00 non-refundable registration fee must accompany this form.

PLEASE MAKE CHECK PAYABLE TO: Village Nursery School

FORM AND CHECK CAN BE MAILED TO: Village Nursery School, P.O. Box 482, Yarmouth ME 04096