OAK RIDGE NURSERY SCHOOL REGISTRATION

Note: A school tour and teacher visit are required before a child may attend ORNS.

Name:_____ **Date:** _____
Last First Middle

Preferred Name (Nickname)_____ **Sex: M F**
Circle one

Address: _____

Birthdate: _____ **Place:** _____
Mo/Date/Yr City State

Parent/guardian with whom child resides:_____ **Home Phone:**_____
Last First Middle **Work Phone:**_____
Work Phone: _____

Registered by: _____

Parents: (circle one)	**Father: own, step, foster**	**Mother: own, step, foster**
Given name:		
Address if different:		
Birth Year & Place:		
Religious Preference:		
Education completed:		
Occupation:		
Employer's name & work Phone		

Siblings (list oldest to youngest)		
Name:	**Sex: Male/Female**	**Year and Birthplace**
1.		
2.		
3.		

Physician's Name: _____ **Phone:** _____

Child's Group Experiences
Date, location, reason for leaving:
1._____
2._____
3._____