

St. Therese of Lisieux  
Catholic Nursery School  
Two- & Three-Year-Old Program  
School Year 2023-2024

Imm	_____
BC	_____
Reg	_____
Fee	_____

Enrollment Information

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Requested Days of Attendance \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Cell phone# \_\_\_\_\_

Mother's Email \_\_\_\_\_

Mother's place of work \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Cell Phone# \_\_\_\_\_

Father's Email \_\_\_\_\_

Father's place of work \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Religion \_\_\_\_\_

Father's Religion \_\_\_\_\_

Child's Religion \_\_\_\_\_

Child's Baptismal Church and Address \_\_\_\_\_

Names of Siblings

Birthdates

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT PERSONS:**

Name

Number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Registration Requirements:**

1. Copy of birth certificate
2. Updated immunization record
3. \$50 registration fee

I consent to the enrollment of the child listed above in St. Therese Nursery School for the upcoming year.

I agree, in case of emergency, that when I or the designated person cannot be reached, first aid treatment may be given on premises.

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Parent/Guardian Signature