



ENROLLMENT FORM

Stepping Stones Nursery School
46 Cherry Street
Danvers, MA 01923
978-777-9370

FOR SCHOOL USE ONLY
DATE OF ADMISSION: _____
AGE AT ADMISSION: _____

SCHOOL YEAR: _____

2 DAY : _____

3 DAY : _____

5 DAY: _____

CHILD INFORMATION:

Childs Name: _____

Date of Birth: _____

Place of Birth: _____

Primary Language: _____

Home Address: _____

Telephone: _____

Sibling Information (name/age/school): _____

CHILDS IDENTIFYING INFORMATION:

Eye Color: _____ Hair Color: _____ Sex: _____ Height: _____ Weight: _____ Skin Color: _____

Identifying Marks: _____

Allergies: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____ Relationship to Child: _____

Home Address: _____

Home Telephone: _____

Business Name: _____ Business Telephone: _____

Business Address: _____

Hours at Work: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____ Relationship to Child: _____

Home Address: _____

Home Telephone: _____

Business Name: _____ Business Telephone: _____

Business Address: _____

Hours at Work: _____

If parents cannot be contacted, notify and release to:

Name: _____ Relationship to Child: _____

Address: _____

Telephone (day time): _____

Others in Family: _____

Name: _____ Relationship to Child: _____

Address: _____

Telephone (day time): _____

Others in Family: _____

Child's Physician Name: _____

Telephone: _____

Parent/Guardian Signature: _____ **Date:** _____

Parent email address: _____