



801 Rosemary Terrace Deerfield, Illinois 60015 (847) 945-2310

***COMPLETE BOTH SIDES OF THE 2012-2013 REGISTRATION CARD**

M / F

Child's Full Name (Put nickname in parentheses) Birthdate Home Phone Gender

Parents/Legal Guardians (List both names) Main contact's e-mail address Do Parents live together? ____

Address(es) (If parents live separately and both would like to receive mailings, list both addresses)

Parent/Legal Guardian's Business Address Business Phone/Cellular Phone

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Person to Call if Parents Cannot Be Reached - Relationship to Child Phone Number

Physician Address Phone Number



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SIBLINGS*	Name	Age	Birthday
1.	_____	_____	_____
2.	_____	_____	_____

* The information supplied above is helpful for future priority registration mailings

Indicate Class Preference (Registration is on a first-come, first-serve basis. You will be informed of your class placement in the spring).

Time With Tots **AM ONLY** **W – 10:00-11:00** (1 day) ___
 (18 to 36 months – With parent or caregiver)

All By Myself **AM ONLY** **M/Th - 9:45-11:30** (2 days) ___
 (2-year-olds – 2nd Birthday by 6/1/12)

3-year-olds **Circle class preference:** **No Preference** (3 days) ___
AM **T/W/F - 8:45-11:15**
PM **T/W/Th - 12:30-3:00**
 I would be interested in an optional 4th day (p.m.) if offered Yes__ No__

4-year-olds **Circle class preference:** **No Preference** (4 days) ___
AM **M/T/Th/F - 9:00-11:30**
PM **M/T/W/Th - 12:30-3:00**
 I would be interested in an optional 5th day (p.m.) if offered Yes__ No__

I learned of Deerfield Community Nursery School through (check all that apply):

___ friend/neighbor: Referred by: _____ sign in front of the school
 ___ DCNS website ___ ad ___ Farmers Market ___ postcard mailing ___ lawn sign ___ other (please specify):

For Office Use Only:	Date Rec'd: _____	Start Date: _____
	Class Placement: _____	Tuition: _____

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