



SCHOOL REGISTRATION FORM

Today's Date _____
month / day / year

Child's Name: _____
first / middle / last

Sex: Male / Female Birth Date: _____
month / day / year

Address: _____
street city zip

Is Address Of Child Same As Parent: Yes / No (circle one)

If No, Please Explain: _____

Alumni: yes / no (circle one) Last Year Attended: _____

Parent Information:

Mother's Name: _____
first / middle / last occupation

Father's Name: _____
first / middle / last occupation

Home Phone: _____ - _____ - _____ Email: _____

Mother's Work: _____ - _____ - _____ Cell: _____ - _____ - _____

Father's Work: _____ - _____ - _____ Cell: _____ - _____ - _____

Desired Start Date: _____ Preferred: 2 days/week 3 days/week
Fall or Summer / year circle one

Your child must be at least 3 years old by December 2nd to attend 2 days/week (T Th class)
and 4 years old by December 2nd to attend 3 days/week (M W F class).

Responsible Parent's Signature: _____

Director Use Only:

Date Registration Form Received: _____

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