

**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.

\_\_\_\_\_  
Parent/Guardian Signature

BC \_\_\_\_\_

IMM. \_\_\_\_\_

REG. FEE \_\_\_\_\_