

St. John's Lutheran Nursery School
1675 Coates Ave.
Holbrook, NY 11741
(631)588-4347

Email: sjnurseryschool@outlook.com . Website: www.sjnurseryschool.com

Summer Camp Registration

Child's Name: _____ Date of birth: _____

Address: _____ City: _____ Zip: _____

Mother: _____ Employer: _____

Phone#: _____ Email: _____

Father: _____ Employer: _____

Phone#: _____ Email: _____

Siblings: Name: _____ Age: _____ Name: _____ Age: _____ Name: _____ Age: _____

Marital Status of Parents: _____

If there are any custody, visitation or any other custody related matters, please list below:

Any person(s) authorized to pick up your child, including the parents, must come prepared to show photo identification when asked. The child will not be released by the staff if no appropriate identification is produced. We realize that at times this may be inconvenient; nonetheless, we ask for your full cooperation as the whole purpose of this procedure is the safety of your child. Please list any additional people authorized to pick up your child below:

Name: _____ Phone#: _____ Relationship _____

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List health information that should be known by the teacher (allergies, vision/hearing problems, activity restrictions, regular medication, etc): _____

Does your child receive any services (Ex: speech, OT, PT): _____

Any additional information you would like us to know about your child: _____

Parent/Guardian Signature: _____ Date: _____