



# Mayflower Nursery School

716 S. Madison St., Green Bay, WI 54301 (920) 437-7551

www.mayflownursery.org

mayflownurseryschool@gmail.com

## APPLICATION FOR ENROLLMENT

Child's Name (Nickname or Name to be called at school):		Sex:	Home Phone:
Home Address:		Birthdate:	Age on September 1:
Father's or Guardian's Name:	Home Address:		Home Phone:
Name of Employer:	Occupation:		Business Phone:
Mother's or Guardian's Name:	Home Address:		Home Phone:
Name of Employer:	Occupation:		Business Phone:

**EMERGENCY CONTACT** when parents or guardians cannot be reached:

Name:	Phone Number:	Relationship to Child:
Name:	Phone Number:	Relationship to Child:
Physician's Name and Medical Facility:	Phone Number:	Address:

Please list any allergies, diabetes, physical disabilities, serious illness or chronic ailments that affect your child: \_\_\_\_\_

\_\_\_\_\_

.....

1. I give permission for my child, \_\_\_\_\_, to attend all field and walking trips in the Mayflower Nursery School program.
2. If emergency medical care and treatment is needed and the teachers cannot immediately reach either parent, I give permission to call our physician, and/or transport my child to the Emergency Department at St. Vincent Hospital.

\_\_\_\_\_

Parent or Guardian Signature

\_\_\_\_\_

Date

*Our Mission: Mayflower Nursery School nurtures young children in an atmosphere of acceptance and caring, offering a variety of learning experiences for students to explore their world so that each child develops self-esteem, a sense of belonging and a love of learning.*

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Is your child right handed? \_\_\_\_\_ left? \_\_\_\_\_ undetermined? \_\_\_\_\_

List the names and ages of other children in your family: \_\_\_\_\_  
\_\_\_\_\_

List group activities your child has previously been involved in: \_\_\_\_\_  
\_\_\_\_\_

List your child's dislikes or fears: \_\_\_\_\_  
\_\_\_\_\_

List anything else you feel would help the teachers make your child's adjustment to Mayflower Nursery School easier: \_\_\_\_\_  
\_\_\_\_\_

.....  
Please check your class preference:

\_\_\_\_\_ Frog Class  
3 Year Olds  
Mon, Weds

\_\_\_\_\_ Bunny Class  
3 Year Olds  
Tues, Thurs, Fri

\_\_\_\_\_ Duck Class  
4-5 Year Olds  
Mon, Tues, Thurs, Fri

.....  
How did you find out about Mayflower Nursery School? \_\_\_\_\_

Please list a **current email address** where you can be contacted: \_\_\_\_\_

If asked, would you be willing to serve on the Mayflower Nursery School Board of Directors? \_\_\_\_\_

If yes, in what capacity? \_\_\_\_\_

A non-refundable registration fee of \$75 must accompany this application. Please write the check to *Mayflower Nursery School* and return to:

Mayflower Nursery School  
716 S. Madison St.  
Green Bay, WI 54301

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For School Use: Entry Date for Mayflower Student \_\_\_\_\_

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