

CHEVY CHASE PRESBYTERIAN CHURCH
WEEKDAY NURSERY SCHOOL
One Chevy Chase Circle, NW
Washington, DC 20015

Child _____ Sex: Male Female

Date of Birth _____ Home # _____

Home Address _____

Parents/Guardians _____

Father's Work # _____ Cell # _____

Mother's Work # _____ Cell # _____

e-mail (Dad) _____ (Mom) _____

Nanny/Babysitter _____ Cell # _____

Designated individuals authorized to receive child at end of session on in case of emergency:

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

Please list the name and phone number of a contact person outside the DC area.

_____ Phone # _____

Relationship _____

Signature _____

Relationship to child _____

Date _____

TO BE COMPLETED BY THE FACILITY

Date of Admission: _____ Date of Withdrawal: _____

Reason: _____