



# OKEMOS NURSERY SCHOOL

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2165 Clinton Street  
Okemos, Michigan 48864

## Enrollment Application

Mornings: MWF \_\_\_\_\_ TTH \_\_\_\_\_

Afternoons \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_ GENDER \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

FATHER'S EMPLOYER \_\_\_\_\_ CELL PHONE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ HOURS \_\_\_\_\_

MOTHER'S EMPLOYER \_\_\_\_\_ CELL PHONE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ HOURS \_\_\_\_\_

OTHER CHILDREN IN FAMILY \_\_\_\_\_ AGE \_\_\_\_\_

\_\_\_\_\_ AGE \_\_\_\_\_

### EMERGENCY CONTACT (OTHER THAN PARENTS)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOURS \_\_\_\_\_

PLEASE USE THIS SPACE TO SHARE WITH US ANY SPECIFIC EXPECTATIONS YOU MAY HAVE FROM THIS PROGRAM OR ANY SPECIAL INFORMATION THAT YOU WISH FOR US TO BE AWARE OF REGARDING YOUR CHILD. (ALLERGIES etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FOR SCHOOL USE ONLY:

DATE OF ENTRY \_\_\_\_\_ DATE OF DISCHARGE \_\_\_\_\_

**A \$200 fee is required with this Application**  
(\$50 nonrefundable registration fee and \$150 Specialty Class defrayment fee)