

**CHILDREN's CENTER and BARD NURSERY SCHOOL REGISTRATION FORM
FOR BARD EMPLOYEES**

Child's name _____ Date of birth _____

Parents'/Guardians' Contact Information (circle one or replace with "Guardian")

1. Parent (Mother/Father) _____

Home phone _____ Cell _____

Email address _____

Address: _____

Work location on or off campus _____ Office phone _____

2. Parent (Mother/Father) _____

Home phone _____ Cell _____

Email address _____

Address: _____

Work location on or off campus _____ Office phone _____

How many days per week would you like your child to attend?

5 days per week

4 days per week

3 days per week

Do you anticipate your child will need afternoon child care?

If yes, what time do you plan for pick-up?

_____ 12:30 after lunch

_____ 3:30 after nap/rest

_____ 4:30 or 5:30

PARENT/GUARDIAN SIGNATURE

DATE _____

Please return this form to: Carol Murray cmurray@bard.edu

Abigail Lundquist-Botstein Nursery School, PO Box 5000, Annandale-on-Hudson, NY 12504