

Early Childhood Education Nursery School

REQUEST FOR ENROLLMENT

Date _____

Child's Name _____

Date of Birth _____ Current Age _____ Sex _____

Mother's Name _____

Father's Name _____

Home Address _____

Home Phone _____

Cell Phone _____

Work Phone _____

Best way to contact _____

Are there any restrictions, health concerns, or special needs that you would like us to be aware of?



ONEIDA - HERKIMER - MADISON BOCES

Career and Technical Education | T 315.793.8666 | F 315.793.8540