



**RIVERDALE TEMPLE NURSERY SCHOOL**  
**4545 Independence Avenue**  
**Bronx, NY 10471**  
**Temple Office: 718-548-3800**  
**Nursery School Direct Line: 718-796-0335**

Thank you for choosing to register your child at Riverdale Temple Nursery School. We understand the importance of your child's early education, and we recognize that you are entrusting your child to us to provide the highest quality early childhood education. We look forward to being your partner in your child's development.

Child's Name \_\_\_\_\_ Class: 2's 3's 4's

Please circle all that you are interested in for your child.

**Two's 8:45-11:30**

5 days                      3 Days (MWF)                      2 days (T, Th)

**Two's 8:45-1:00**

5 days                      3 Days (MWF)                      2 days (T, Th)

**Three's 8:45- 1:00**

5 Days                      3 Days (MWF)

**Extended Day for Three's (1:00-3:00)**

5 Days                      3 Days (MWF)

**Four's 5 Days (UPK) 8:45-3:00**

**Early Drop Off**

8:00-8:45

**Afterschool**

3-6

Date of Birth \_\_\_\_\_

Early Drop-off: \_\_\_\_\_ Extended day 3's \_\_\_\_\_ Late Pick Up \_\_\_\_\_

Gender: M F Riverdale Temple Member? Yes No

Address

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

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Parent/Guardian #1: Name

\_\_\_\_\_

Occupation: \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian #2: Name

\_\_\_\_\_

Occupation: \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Email \_\_\_\_\_

Does your child have siblings? Yes No (names and ages)

\_\_\_\_\_

Please list siblings who have attended RTNS and years attended:

\_\_\_\_\_

Has your child had previous nursery school experience? Where?

What special talents/special needs/learning challenges does your child have:

Has your child been evaluated for any special needs?      Yes      No

What were the results, including any medication prescribed?

What would you like us to know about your child that will help us to make this a happy and fulfilling school experience? (Please use back of this sheet if you need more room)

Please tell us how you heard about our program?

Do you have any special talents to help our school?

Signatures: I/We understand the registration and payment policies outlined in this packet. We further agree to abide by all policies set forth by Riverdale Temple Nursery School.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

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OFFICE USE ONLY

Date application/fee rec'd \_\_\_\_\_ Date registration/fee rec'd \_\_\_\_\_