

SEASIDE NURSERY SCHOOL
 80 Atlantic Avenue
 Marblehead, MA 01945
 781-639-1415

Date of Admission: _____ Class: _____

Age at Admission: _____

Child's Name: _____

Date & Place of Birth: _____

Identifying Information (Required by EEC Regulations):

Height:	Hair Color:	Sex:
Weight:	Eye Color:	Race:
Identifying Marks:		

Parent # 1:	Parent #2:
Home Address:	Home Address:
Home Telephone:	Home Telephone:
Cellular Telephone:	Cellular Telephone:
Parent #1 Place of Employment:	Parent #1 Place of Employment:
Business Address:	Business Address:
Business Telephone:	Business Telephone:
Child's Physician:	Physician's Telephone:

 Parent's Signature & Date