

Camelot School



Susan Galli - Director

31 Flower Hill Drive

Pennington, New Jersey 08534

Tel: 609-737-4120 Fax: 609-586-5577

Email: mrs.susan@camelotschool.net

www.camelotschool.net

REGISTRATION FORM

Name of Child _____ Date of Birth _____

Address _____

City/State _____ Zip _____

Home Phone _____

Mother's Name _____ Work Phone _____

Place of Business _____ Other Phone _____

Address _____ Email _____

Father's Name _____ Work Phone _____

Place of Business _____ Other Phone _____

Address _____ Email _____

Physician or Pediatrician _____ Phone _____

Emergency Contacts if both parents are unavailable:

Name _____ Phone _____

Name _____ Phone _____

Medical Concerns or Conditions? No ___ Yes ___ (Please check)

If Yes, Explain _____

Any Allergies? No ___ Yes ___ If Yes, List _____

Date Starting School _____ Days Attending (indicate half or full day) _____

Signature _____ Date _____

I have received the DYFS handout: Initial _____

Please return this form with the \$40 Annual Registration Fee.