



**the greenhouse**  
305 Elm Street  
Oradell, NJ 07649  
201-477-8114  
greenhouseusa.org

|                          |
|--------------------------|
| Registration Class _____ |
| Registration Date _____  |

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|                          |                   |                    |
|--------------------------|-------------------|--------------------|
| <b>Student Last Name</b> | <b>First Name</b> | <b>Middle Name</b> |
|--------------------------|-------------------|--------------------|

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|                                   |                 |             |              |
|-----------------------------------|-----------------|-------------|--------------|
| <b>Date of Birth</b><br>MO/DAY/YR | <b>Hospital</b> | <b>City</b> | <b>State</b> |
|-----------------------------------|-----------------|-------------|--------------|

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|                             |             |                                      |
|-----------------------------|-------------|--------------------------------------|
| <b>Parish You Belong To</b> | <b>City</b> | <b>Envelope Number or Parish Pay</b> |
|-----------------------------|-------------|--------------------------------------|

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|                          |                        |                                |
|--------------------------|------------------------|--------------------------------|
| <b>Church of Baptism</b> | <b>Date of Baptism</b> | <b>City Location of Church</b> |
|--------------------------|------------------------|--------------------------------|

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|                                  |                   |                    |
|----------------------------------|-------------------|--------------------|
| <b>Father/Guardian Last Name</b> | <b>First Name</b> | <b>Middle Name</b> |
|----------------------------------|-------------------|--------------------|

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|                   |                 |                                 |
|-------------------|-----------------|---------------------------------|
| <b>Occupation</b> | <b>Employer</b> | <b>Daytime Telephone Number</b> |
|-------------------|-----------------|---------------------------------|

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|                                  |                   |                    |
|----------------------------------|-------------------|--------------------|
| <b>Mother/Guardian Last Name</b> | <b>First Name</b> | <b>Middle Name</b> |
|----------------------------------|-------------------|--------------------|

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|                   |                 |                                 |
|-------------------|-----------------|---------------------------------|
| <b>Occupation</b> | <b>Employer</b> | <b>Daytime Telephone Number</b> |
|-------------------|-----------------|---------------------------------|

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|                               |             |                 |                         |
|-------------------------------|-------------|-----------------|-------------------------|
| <b>Present Family Address</b> | <b>City</b> | <b>Zip Code</b> | <b>Telephone Number</b> |
|-------------------------------|-------------|-----------------|-------------------------|

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**Family/Home E-mail Address** \_\_\_\_\_

**Medical History: Does your child have any medical condition/allergy that would impact the regular classroom environment?**     Yes     No

**If you answered yes, please explain:** \_\_\_\_\_

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\*The school nurse must evaluate all such conditions prior to official registration to determine our ability to safely accommodate your child within our program. She is officially contracted to work with students in grades K – 8.