



Thank you for choosing Community Presbyterian Nursery School! We are so happy you will be joining us. To register your child, please read and initial each statement below and sign your name at the bottom. Then complete the attached form with the required information. You will need to submit a non-refundable registration fee of **\$65** in cash or a check made out to <u>Community Presbyterian Nursery School</u>. If you are registering 2 children from the same family, the non-refundable registration fee is \$100. Please use one form for each child. We also require the first month of tuition by August 1st. Tuition is collected the 1st of each month from August through May. If you are registering a child of a church member, you will receive a 10% discount on tuition. All families that register 2 children will receive a 5% discount on the tuition amount which is the lesser of the two amounts.

By <u>init</u>	<u>tialing</u> each statement, you are a	agreeing to each direc	tive.
1.	I understand that this is made by the state, health department class size, class times and entry	artment or state licens	ing department programs,
2.	I understand that in the from Community Presbyterian I days written notice. If 30 days understand I am financially res	Nursery School for any written notice is not i	reason, <u>I must give 30</u> received by the Director, I
3.	I understand that Comm program from September throu you have unexpected circumsta	igh June and not a mo	onth to month program. If
4.	I understand that tuition through May 1 st . If payment is fee will be applied.	•	
Print F	Parent/Guardian's Name:		Date:
Parent	t/Guardian's Signature:		
	Use Only: Date Received:Amount_	_ Start Date:	



Registration Form 2023-2024

Child's Name:		Male :Female:		
Date of Birth:	Language(s)) Spoken At Home:		
Home Address:				
City, State:		Zip Code:		
Home Phone #:	Child's Nickname:			
Would you like to receive info	ormation about Con	nmunity Presbyterian Chur	rch? Yes No	
FAMILY INFORMATION	N			
Mother's Name:		Father's Name:		
Occupation:		Occupation:		
Work Address:		Work Address:		
Work Phone #:		Work Phone #:		
Cell Phone #:		Cell Phone #:		
Email:		Email:		
Other Children In The Far	mily: (Names and	Ages)		
1				
2				
3				
MEDICAL INFORMATIO				
Child's Doctor:	hild's Doctor:Doctor's Phone #:			
Doctor's Address:				
List Any Allergies:				

Do we have your permission to secure emergency medical treatment for your child should the need occur while he/she is in the care of the school? YesNo						
should the fleed of	cui wille lie/sile is ili tile care of the school: TesNo					
EMERGENCY IN	FORMATION					
	orized to pick up your child and/or to be contacted in case of an their parent is available.					
1.Name:	Name:Cell #:					
Address:						
Relationship To Child:						
2. Name:	Cell #:					
Address:						
Relationship To Ch	Relationship To Child:					
PROGRAMS AND						
Please check off th from August 1st thr	he program you would like to register for. Tuition is paid monthly rough May 1^{st} .					
4 Year Old Class Options	Monday - Friday, 8:55am to 2:30pm/ \$758 per month Monday - Friday, 8:55am to 12:00pm/ \$638 per month Monday - Thursday, 8:55am to 12:00pm/ \$545 per month					
3 Year Old Class Options 2 ½ Year Old	Monday - Friday, 8:45am to 11:45am/ \$627 per month Monday - Thursday, 8:45am to 11:45am/ \$540 per month Mon., Wed., Fri., 8:45am to 11:45am/ \$376 per month					
Class Option	Tuesday and Thursday, 8:35am to 11:15am/ \$297 per month					
half day classes. Half day and receive an	fill be available Monday through Friday for students in the 3's and 4's Hours are 11:45am to 2:15pm. Students can pay per day at \$25 per in invoice at the end of the month OR students can pay at the month one fee of \$400 for unlimited Playcare for the month.					
fee is \$65. For 2 o	s required to secure a spot and is non-refundable. For 1 child the or more children in the same family the fee is \$100. Make checks unity Presbyterian Nursery School.					
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