



2024 ~ 2025

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 Community Presbyterian Nursery School. 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 initialing each statement, you are agreeing to each directive.

1. ____ I understand that this is a proposed schedule. Due to possible changes made by the state, health department or state licensing department programs, class size, class times and entry criteria may be adjusted as necessary.

2. ____ I understand that in the event my child(ren) will need to be withdrawn from Community Presbyterian Nursery School for any reason, I must give 30 days written notice. If 30 days written notice is not received by the Director, I understand I am financially responsible for the upcoming month of tuition.

3. ____ I understand that Community Presbyterian Nursery School is a full year program from September through June and not a month to month program. If you have unexpected circumstances that arise, please speak to the Director.

4. ____ I understand that tuition is paid on the first of each month from August 1st through May 1st. If payment is received **after the 5th of the month, a late fee will be applied.**

Print Parent/Guardian's Name: _____ Date: _____

Parent/Guardian's Signature: _____

Office Use Only: Date Received: _____ Start Date: _____ Confirmation Sent: _____
 Registration Fee: Check # _____ Amount _____ 1st Month: Check # _____ Amount _____



Registration Form 2024-2025

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 information about Community Presbyterian Church? Yes No

FAMILY INFORMATION

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 Family: (Names and Ages)

1. _____

2. _____

3. _____

MEDICAL INFORMATION

Child'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? Yes_____No_____

EMERGENCY INFORMATION

List 2 people authorized to pick up your child and/or to be contacted in case of an emergency if neither parent is available.

1.Name:_____ Cell #:_____

Address:_____

Relationship To Child:_____

2. Name:_____ Cell #:_____

Address:_____

Relationship To Child:_____

PROGRAMS AND TUITION

Please check off the program you would like to register for. Tuition is paid monthly from August 1st through May 1st.

**4 Year Old
Class Options**

Monday - Friday, 8:55am to 2:30pm/ \$834 per month _____
Monday – Thursday, 8:55am to 12:00pm/ \$566 per month _____

**3 Year Old
Class Options**

Monday - Friday, 8:45am to 11:45am/ \$652 per month _____
Mon., Wed., Fri., 8:45am to 11:45am/ \$391 per month _____

**2 ½ Year Old
Class Option**

Tuesday and Thursday, 8:35am to 11:15am/ \$308 per month _____

PLAYCARE: Will be available Monday through Friday for students in the 3’s and 4’s half day classes. Hours are 11:45am to 2:15pm. Students can pay per day at \$25 per day and receive an invoice at the end of the month **OR** students can pay at the beginning of the month one fee of \$400 for unlimited Playcare for the month.

A registration fee is required to secure a spot and is non-refundable. For 1 child the fee is \$65. For 2 or more children in the same family the fee is \$100. Make checks payable to Community Presbyterian Nursery School.

Parent’s Signature:_____ Date:_____