



2026 ~ 2027

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 **\$75** in cash or a check made out to Community Presbyterian Nursery School **AND** a non-refundable \$200 deposit. This will be applied to your first tuition payment. 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 1<sup>st</sup>. Tuition is collected the 1<sup>st</sup> 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  I understand that in the event my child(ren) will need to be withdrawn from Community Presbyterian Nursery School for any reason, **I must give 30 days written notice.** If 30 days written notice is not received by the Director, I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 as soon as possible.
4.  I understand that tuition is paid on the first of each month from August 1<sup>st</sup> through May 1<sup>st</sup>. If payment is received **after the 5<sup>th</sup> of the month, a late fee will be applied.**

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Office Use Only: Date Received: \_\_\_\_\_ Start Date: \_\_\_\_\_ Confirmation Sent: \_\_\_\_\_  
Registration Fee: Check # \_\_\_\_\_ Amount \_\_\_\_\_ Deposit: Check # \_\_\_\_\_ Amount \_\_\_\_\_



Community Presbyterian Nursery School

## Registration Form

2026-2027

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 (please print)

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 1<sup>st</sup> through May 1<sup>st</sup>**

**4 Year Old  
Class Options**

Monday - Friday, 8:55am to 2:30pm/ \$1,008 per month   
Monday - Thursday, 8:55am to 12:00pm/ \$642 per month

**3 Year Old  
Class Options**

Monday - Friday, 8:45am to 11:45am/ \$705 per month   
Mon., Wed., Fri., 8:45am to 11:45am/ \$427 per month

**2 1/2 Year Old  
Class Option**

Tuesday and Thursday, 8:35am to 11:15am/ \$332 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 pay \$25 per day and receive an invoice at the end of the month.

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A non-refundable registration fee and \$200 deposit is required to secure a spot. For 1 child the fee is \$75. 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: \_\_\_\_\_