

REGISTRATION FORM 2016-2017
St. John's United Church of Christ Nursery School
1811 Lincoln Way East- Chambersburg, PA 17202
(717) 264-8224

OFFICE USE ONLY

Date received _____
Time _____
Registration fee _____
Check # _____
Teacher _____

Child MUST meet age requirement by September 1.

A \$50 non-refundable registration fee must be submitted with this form.

Class Choice:

NOTE: Child need not be bathroom independent.

___ All By Myself: 2 year 2 day (T,Th) 9:30-11:30 @ \$80.00/month

___ All By Myself: 2 year 2 day (M, W) 9:30-11:30 @ \$80.00/month

NOTE: Child must be bathroom independent for following classes.

___ 3year 2day (T,Th) 9:30-Noon @ \$80.00/month

___ 3year 3day (M, W, F) 9:30-Noon @ \$120.00/month

___ 3year 3day (M,F) 9:30-12:00 @ \$144.00/month
(W) 9:30-1:30 (Bring your lunch on Wednesdays)

___ 4year 2day (T,Th) 9:30-1:30 @ \$128.00/month (Bring your lunch)

___ 4year 3day (M, W, F) 9:30-1:30 @ \$192.00/month (Bring your lunch)

___ 4year 5day (M-F) 9:30-1:30 (M, W, F) AND
9:30-12:00 (T,Th) @ \$272.00/month (Bring your lunch on M-W-F)

Child's Name: _____
(First) (Middle initial) (Last) (Name used) M/F

Date of birth: _____ **Age as of September 1, 2016** years _____ months _____

Address _____
(Street) (City) (Zip code)

Home Phone # _____

Email Address: _____

(Note: email address will be used for communications from St. John's Nursery School throughout the school year as well as information regarding your registration and orientation)

Father's Name: _____ **Cell Phone:** _____ **Business phone:** _____

Place of employment and occupation: _____

Mother's Name: _____ **Cell Phone:** _____ **Business phone:** _____

Place of employment and occupation: _____

HEALTH: Allergies _____

Physical problems _____

Local person to be notified in an emergency if parents cannot be reached:

*Name _____ Relationship _____ Phone: _____

I give consent for Nursery School Staff to secure emergency medical care for my child if required.

Yes _____ No _____ (signature) _____

Family Doctor: _____ **Phone:** _____

Does your child speak and understand English? Yes _____ No _____

The following persons have my permission to pick up my child from Nursery School.

Name: _____ Relationship: _____ Phone Number: _____

1. _____

2. _____

3. _____

Brothers and sisters and their birth dates:

Would you like to be an adult volunteer in your child's classroom? Yes _____ No _____

Safe Church Environment Requirements:

- § **Volunteer Information form**
- § **Authorization form for conducting background checks**
- § **Child Abuse clearance (online) www.compass.state.pa.us**
- § **Criminal Background check (online) epatch.state.pa.us**
- § **Possible submission of set of fingerprints to the FBI if volunteer has not lived in PA consistently for the past 10 years**

Please see the Nursery School Director for the volunteer packet or visit our website at www.sjucc1811.org Click on the Nursery School tab at the top of the page.