

2022-2023 REGISTRATION FORM**St. John's Nursery School**

1811 Lincoln Way East • Chambersburg, PA 17202

nsdirector@sjucc.net

717-264-8224

OFFICE USE ONLY

Date Received

Time

Registration Fee

Check #

Cash

Child **MUST** meet age requirement by September 1st.

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

ALL BY MYSELF CLASS CHOICES:*NOTE: For All By Myself, child does not need to be bathroom independent. Pull-ups are permitted.*

___ 2 year 2 day T, Th 9:30-11:30 @ \$100/month

___ 2 year 2 day M, W 9:30-11:30 @ \$100/month

3 YEAR OLD CLASS CHOICES:*NOTE: For all 3 year old classes, child MUST be bathroom independent. NO pull-ups are permitted.*

___ 3 year 2 day T, Th 9:30-12:00 @ \$105/month Teacher Preference* _____

___ 3 year 3 day M, W, F 9:30-12:00 @ \$158/month

___ 3 year 3 day Ext. M, F 9:30-12:00 @ \$189/month
W 9:30-1:30**4/5 YEAR OLD CLASS CHOICES:***NOTE: For all 4/5 year old classes, child MUST be bathroom independent. NO pull-ups are permitted.*

___ 4/5 year 2 day T, Th 9:30-1:30 @ \$168/month Teacher Preference* _____

___ 4/5 year 3 day M, W, F 9:30-1:30 @ \$252/month Teacher Preference* _____

___ 4/5 year 5 day M, W, F 9:30-1:30 @ \$357/month
T, Th 9:30-12:00**We will do our best to honor teacher requests, but cannot guarantee space in any particular classroom.***Child's Name:**

(First)

(M.I.)

(Last)

(Name Used)

M/F

Date of Birth:**Age as of September 1, 2022:** years

months

Address:**Primary Phone:****Email Address:****Parent Name (Primary Contact):****Cell Phone:****Place of Employment & Occupation:****Parent Name (Secondary Contact):****Cell Phone:****Place of Employment & Occupation:**

OVER >>>

HEALTH:

Allergies - Food:

Allergies - Other:

Physical Limitations:

Existing IEP (speech, developmental delay, etc.):

Does your child speak and understand English? Yes No

What is your child's primary language, if not English? _____

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

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

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

Yes No _____ (signature)

Family Doctor: _____ **Phone:** _____

Siblings and their birth dates:

In the event that we would need to implement virtual learning, would your child have access to the internet?

Yes No

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

The following forms are required by St. John's Safe Church Policies to volunteer:

- * 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
 - * Attestation of Residency Form (if volunteer has lived in PA consistently for the past 10 years) -OR-
 - * Submission 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.*

Please mail completed form and \$50 check or money order to:

St. John's Nursery School
1811 Lincoln Way East
Chambersburg, PA 17202