

2024-2025 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 @ \$110/month

___ 2 year 2 day M, W 9:30-11:30 @ \$110/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 @ \$115/month Teacher Preference* _____

___ 3 year 3 day M, W, F 9:30-12:00 @ \$173/month

___ 3 year 3 day Ext. M, F 9:30-12:00 @ \$207/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 @ \$184/month Teacher Preference* _____

___ 4/5 year 3 day M, W, F 9:30-1:30 @ \$276/month Teacher Preference* _____

___ 4/5 year 5 day M, W, F 9:30-1:30 @ \$391/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, 2024: 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:

