## 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 <u>MUST</u> 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 Myse		es not need	to be bathroom	independ	ent. Pull-ups are per	mitted.				
2 year 2 day	T, Th	9:30-11:30	@ \$110/mont	h						
2 year 2 day	M, W	9:30-11:30	@ \$110/mont	h						
3 YEAR OLD CLASS CHO	DICES:									
NOTE: For all 3 year ol	NOTE: For all 3 year old classes, child <u>MUST</u> be bathroom independent. NO pull-ups are permitted.									
3 year 2 day	T, Th	9:30-12:00	@ \$115/mont	h 1	eacher Preference*					
3 year 3 day	M, W, F	9:30-12:00	@ \$173/mont	h						
3 year 3 day Ext.	M, F W	9:30-12:00 9:30-1:30	@ \$207/mont	h						
4/5 YEAR OLD CLASS C	HOICES:									
NOTE: For all 4/5 year	old classe	s, child <u>MUS</u>	<u>T</u> be bathroom	independ	ent. NO pull-ups are	permitted.				
4/5 year 2 day	T, Th	9:30-1:30	@ \$184/mont	h 1	eacher Preference*_					
4/5 year 3 day	M, W, F	9:30-1:30	@ \$276/mont	h 1	eacher Preference*					
4/5 year 5 day		9:30-1:30 9:30-12:00	@ \$391/mont	h						
*We will d	o our best t	o honor teache	r requests, but ca	nnot guarar	tee space in any particu	lar classroom.				
Child's Name:										
	(First)	(M.	1.)	(Last)	(Name Use	d)	M/F			
Date of Birth:			Age as of Sept	ember 1,	<b>2024:</b> years	months				
Address:										
Primary Phone:										
Email Address:										
Parent Name (Primary Contact):				Cell Phone:						
Place of Employment 8	& Occupat	tion:								
Parent Name (Secondary Contact): Cell Phone:										
Place of Employment 8	& Occupat	tion:								

HEA	ALTH:											
	Allergies - Foo											
	Allergies - Other:											
	Physical Limitations:											
	Existing IEP (speech, developmental delay, etc.):											
Doe	es your child spe	ak and under	stand English?	Yes	No							
Wh	at is your child's	primary lang	uage, if not Engl	ish?			·					
Loc	al person to be r	notified in an	emergency if par	rents cannot l	be reached:							
	Name:		Rela	Relationship:								
	Name:		Rela	ntionship:		Phone:						
I giv	ve consent for N	ursery Schoo	Staff to secure 6	emergency me	edical care for m	ny child if deen	ned necessary.					
	Yes No	(signatur	e)									
Fan	nily Doctor:				Phone:							
In t	he event that we	e would need	to implement vi	rtual learning	, would your ch	ild have access	s to the internet?					
	Yes No											
Wo	uld you like to b	e an adult vo	lunteer in your c	hild's classroc	om? Yes	No						
The	following forms	are required	by St. John's Sa	fe Church Poli	icies to voluntee	er:						
*	Volunteer Info	rmation Form										
*	Authorization I	orm for Cond	lucting Backgrou	nd Checks								
*	Child Abuse Cle	earance	(online) www.	compass.state	e.pa.us							
*	Criminal Backg	round Check	(online) epatch	n.state.pa.us								
*	Attestation of	Residency For	m (if volunteer h	as lived in PA	consistently for	the past 10 year	ars) -OR-					
*	Submission of Fingerprints to the FBI (if volunteer has not lived in PA consistently for the past 10 years)											
	Please see the I	•	ol Director for the lick on the Nurser	•			w.sjucc1811.orq .					

Please return completed form with \$50 check or money order to:

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