

TWO YEAR OLDS

NURSERY SCHOOL REGISTRATION FORM (2012-2013)

REGISTRATION DATES

Church Members May Register

Sunday, January 29 through Friday, February 3rd, 2012
 Saturday, Feb.4th 2012 9:00 A.M Current students and their siblings
 10:00 A.M. Drop In and siblings of previous students
 11:00-12:00 Public Registration

**A Registration Fee of \$40.00 plus one month's tuition must accompany this form.
 This fee is non-refundable. The one month's tuition is applicable to May's tuition payment only.
 The registration fee for the second child is \$20.00. There is no registration fee for any additional siblings.**

Child's name _____ Birthdate _____

Child's age as of September 1 _____ Siblings? **YES** **NO**
 (Child must be 2 years old by September 1, 2012)

If **YES to siblings**, what are their names & ages? _____

Are you a member of Christ United Methodist Church? **YES** **NO**

Parents' Names: _____

Home Address: _____

City: _____ Zip: _____ Home Phone: (_____) _____
 (Please include area code)

Please check session choice

	Days	Session	Registration Fee Plus one month's tuition (non-refundable)	Total Payment (This amount is NON-REFUNDABLE)
	Monday & Wednesday	Morning 9:15-11:45	\$40.00 + \$115.00	\$155.00
	Tuesday & Thursday	Morning 9:15-11:45	\$40.00 + \$115.00	\$155.00
	Tuesday & Thursday	Afternoon 12:30-3:00	\$40.00 + \$115.00	\$155.00
	Friday	Morning 9:15-11:45	\$40.00 + \$68.00	\$108.00

SIBLING DISCOUNTS

T-Class	\$12/month	Three Year Old (2 days) \$6/month
Four Year Old	\$9/month	Two Year Old (2 days) \$6/month
Three Year Old (3 days)	\$9/month	Two Year Old (1 day) \$3/month

The Center's rules, requirements, policies and procedures are provided for your reference in the Parent Handbook. The Center reserves the right to alter, reduce or eliminate any policy, in whole or in part, without prior notice to the parents. Handbooks will be provided prior to the beginning of class in September. **I agree to pay the monthly tuition fee of the class as selected above for the 2011-2012 school year and I understand that the Total Payment due at Registration is non-refundable.**

Date: _____ Signature: _____

Office Use Only:

Date: _____ Registration Fee: _____ Deposit: _____ Total: _____
 Cash: _____ Check # _____ Sibling's Class _____

OVER PLEASE

TIME FOR TWO'S PROGRAM

FORMS FROM 55 PA CODE CHAPTERS 3270.123 & .181

I, the PARENT/GUARDIAN received complete written program information at the time of enrollment (3201.121, 3280.121, 3290.121).

I, the PARENT/GUARDIAN, agree to update the emergency contact/parent consent for information whenever changes occur or every six months at a minimum (3270.124, 3280.124, 3290.124).

Parent's Signature

Date

Operator's Signature

Date

Date of child's admission:

Date of withdraw:

Signature - Parent/Guardian
Date