

Holy Spirit Christian Nursery School      Date: \_\_\_\_\_      Check # \_\_\_\_\_  
**2019-20 Registration Form**

\_\_\_Holy Spirit Church Member      \_\_\_Child Presently Enrolled      \_\_\_New Enrollment

**Registration: Place a check in the box/es next to your choice/choices.**

Class	Age	Days	Meets (9:00-11:45/12:30-3:00)	Cost/Month
-------	-----	------	----------------------------------	------------

**First School  
Experience**

Tadpoles	Age 3 by Dec. 31, 2019	two	Tues/Thurs AM	\$130.00	
Pollywogs	Age 3 by Dec. 31, 2019	three	Mon/Wed/Fri AM	\$160.00	
Froglets	Age 3 by Dec. 31, 2019	two	Mon/Thurs PM	\$130.00	

**Getting Ready for  
Cubs... Kindergarten**

Panda Bears	Age 4 by Dec. 31, 2019	four	Mon/Tues/Wed/Thurs AM	\$190.00	
Brown Bears	Age 4 by Dec. 31, 2019	three	Mon/Tues/Thurs PM	\$160.00	
Polar Bears	Age 5 by March 1, 2020	four	Mon/Tues/Wed/Thurs AM	\$190.00	

**Other Programs  
for Play and  
Enrichment**

A minimum class size is required to offer these classes.

Cost/Session

Busy Beavers	Member of Bear Cub Classes	one	Friday AM (9:00-11:45)	\$60.00/3weeks	
Playful Penguins	Age 3 - 5 years	one	Tuesday or Wednesday (11:45 - 2:15)	\$120/6 weeks	
Playful Penguins	Age 3 - 5 years	two	Tuesday and Wednesday (11:45 - 2:15)	\$240/6 weeks	

<b>Child's Name:</b> _____  <b>Address:</b> _____ _____  <b>Primary Contact #</b> _____  <b>E-mail:</b> _____ <small>(Will be used for nursery school communication)</small>	<b>Nickname:</b> _____  <b>Sex:</b> Male      Female  <b>Date of Birth:</b> _____
--	---

**Family**

<b>Primary Parental Contact</b> Name: _____ Occupation: _____  Cell Phone#: _____ E-mail address: _____ Home Address (if different than child's): _____ _____
---

<b>Secondary Parental Contact</b> Name: _____ Occupation: _____  Cell Phone#: _____ E-mail address: _____ Home Address (if different than child's): _____ _____
---

**Other Members of Household:**

Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____

**Child Information**

My child enjoys: \_\_\_\_\_

Is affiliated with this religious group \_\_\_\_\_

Additional information you might want to share. (All information is confidential and will be shared with your child's teacher and the school's director only.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Health Information**

Medical conditions:

Allergies \_\_\_\_\_ Diabetes \_\_\_\_\_

Other \_\_\_\_\_

Medications \_\_\_\_\_

Is s/he current in immunizations? \_\_\_\_\_

(If child is not current on immunizations, a waiver form will need to be completed.)

Has your child ever received learning support prior to preschool (example: speech, physical/occupational therapy)? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

(Please share current I.E.P.)

**Additional Information**

To complete the registration process, the nonrefundable fee (\$65.00) must accompany this form. One registration fee is required per family. Checks are made payable to **Holy Spirit Christian Nursery School**. The registration fee holds a spot in a class until June 15<sup>th</sup> when the first tuition payment is due. Tuition for September is due on June 15<sup>th</sup>. This payment will reserve your child's spot in the class. No initial (September tuition) payments are refunded after July 1<sup>st</sup>.

**Nursery School Directory**

I give my permission to share our name, address, phone number, and Email address with other members of the nursery school community for use in the **Nursery School Directory**.

Please circle:    Yes            No

\_\_\_\_\_  
Signature of Parent or Guardian