

**St. Paul Nursery School
Registration Form
2020-2021 School Year**

Child's Name _____
Last First Middle

Date of Birth _____ **Gender:** Boy _____ Girl _____

Child's Address _____ **Home Phone** _____

Parent/Guardian Name _____
Last First

Phone #'s Home _____ Cell _____ Email _____

Parent/Guardian Name _____
Last First

Phone #'s Home _____ Cell _____ Email _____

Place a check mark in the selection column on the chart below to indicate the program or programs to which you are applying for this child

Age	Days	Time	Annual Tuition	Selection
2 Year old	Monday, Wednesday Friday	9:00 - 11:30	\$3000	
3 Year old	Monday, Tuesday, Wednesday, Friday	9:00 - 11:55	\$3500	
3 Year old Extension	Monday, Tuesday, Wednesday, Friday	12:00 - 2:00	\$1600	
4 Year old	Monday, Tuesday, Wednesday, Thursday Friday	9:00 - 11:55	\$4400	
4 Year old Extension	Monday, Tuesday, Wednesday, Thursday Friday	12:00 - 2:00	\$2000	

➤ What language(s) does your child speak or understand at home?

➤ Does your child have any conditions that require special help or attention at school?
(i.e. Speech, OT, PT etc.)

➤ Yes _____ No _____ if yes, please specify.

➤ Is your child allergic to anything? Yes _____ No _____ If yes, please specify.

➤ Are there any other medical issues that we should be aware of?
Yes _____ No _____ if yes, please specify.

➤ Does the child have siblings? Yes _____ No _____

Gender	Older	Younger
Brothers		
Sisters		

Are you a St. Paul Steward? Yes _____ No _____

Do you object to the Nursery School taking photographs of your child? Yes _____ No _____

Other than the parents/guardians who else is authorized to pick up the child?

Name _____	Phone _____	Cell _____
Relationship to child _____		Home _____
		E-mail _____

Name _____	Phone _____	Cell _____
Relationship to child _____		Home _____
		E-mail _____

Due at registration:

- This completed form
- Birth certificate *(not needed if the child is a returning student)*
- Immunization record
- 10% of Annual Tuition _____
- \$30 insurance fee _____
- non-refundable registration fee of \$30 _____
- Total enclosed \$ _____

*By signing this registration form you are committing to pay tuition in one payment or in 8 equal installments starting in September and completing by May 1st.

Parent/Guardian's Signature _____ Date: _____