

## St. Paul Nursery School Registration Form 2021-2022 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	\$3,000	
2 Year old	Tuesday, Thursday	9:00 – 11:30	\$2,000	
3 Year old	Monday, Tuesday, Wednesday, Friday	9:00 - 11:55	\$3,500	
3 Year old Extension	Monday, Tuesday, Wednesday, Friday	12:00 - 2:00	\$1,600	
4 Year old	Monday, Tuesday, Wednesday, Thursday, Friday	9:00 - 11:55	\$4,400	
4 Year old Extension	Monday, Tuesday, Wednesday, Thursday, Friday	12:00 - 2:00	\$2,000	

➤ 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 interested in a summer program? Yes \_\_\_\_ No \_\_\_\_ (please see Sabrina for info)

➤ 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 \_\_\_\_\_

Home \_\_\_\_\_

Relationship to child \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Phone: Cell \_\_\_\_\_

Home \_\_\_\_\_

Relationship to child \_\_\_\_\_ E-mail \_\_\_\_\_

**Due at registration:**

- This completed form
- Birth certificate (not needed if the child is a returning student)
- Immunization record
- 1<sup>st</sup> Annual Tuition Installment (1/8 of annual tuition)
- \$30 insurance fee
- Non-refundable registration fee of \$30

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total enclosed \$ \_\_\_\_\_

Please make checks payable to "Cathedral of St. Paul". Payment can also be made by Mastercard or Visa. Please call the office at 516-483-5700 if you would like to pay by credit card.

\*By signing this registration form you are committing to pay the balance of the annual tuition in one payment by October 1<sup>st</sup> or in seven equal installments starting on October 1<sup>st</sup> with remaining installments paid on the 1<sup>st</sup> of each month.

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_