St. Thomas Nursery School Registration 2017-2018

Childs Name	Todays Date:	Date of Birth:
	Gender:	Current Age:

circle one: Are you a current member of St. Thomas' Church? YES NO

FAMILY INFORMATION

Mother's Name	Father's Name
Email:	Email:
Street Address:	Street Address:
CITY: STATE: ZIP:	CITY: STATE: ZIP:
Phone: (C) (H) (W)	Phone: (C) (H) (W)

PROGRAM INFORMATION-(please mark appropriate box & be aware of age cut offs)

Classroom	T/TH	MWF	EARLY PROGRAM/LUNCH BUNCH OPTIONS $9/HR $11/HR DROP-IN
2's (Must be 2 by 6/1 for MWF & 10/1 for T/TH)	Morning Program 9-12 $300/month____	Morning Program 9-12 $340/month____	8-9am_____ 12-1_____ 12-2_____ *Let us know if you are interested. This helps with our planning but forms will come out monthly*
3's (must be 3 by 6/1 for MWF & 10/1 for T/Th)	Morning Program 9-12 $300/month____	Morning Program 9-12 $340/month____	8-9am_____ 12-1_____ 12-2_____ 12-3_____ *Let us know if you are interested. This helps with our planning but forms will come out monthly*
Young 4's (must be 4 by 12/31)	**T/W/TH**	**M-TH**	**EARLY PROGRAM/LUNCH BUNCH OPTIONS $9/HR $11/HR DROP-IN**
	Morning Program 9-12 $340/month____	Morning Program 9-12 $380/month____	8-9am_____ 12-1_____ 12-2_____ 12-3_____ *Let us know if you are interested. This helps with our planning but forms will come out monthly*
PRE-K 4/5's (must be 4 by 9/1)	**4 DAYS M-TH**	**5 DAYS M-F**	**EARLY PROGRAM/LUNCH BUNCH OPTIONS $9/HR $11/HR DROP-IN**
	Morning Program 9-12 $380/month____	Morning Program 9-12 $410/month___	8-9am_____ 12-1_____ 12-2_____ 12-3_____ *Let us know if you are interested. This helps with our planning but forms will come out monthly*
	Afternoon Program 12-2 Enrichment $250/month_____ *let us know your interest in these programs; no payment or decision required now* SEPT-DEC____ JAN-MAY____	Afternoon Program 12-2 Enrichment $320/month_____ *let us know your interest in these programs; no payment or decision required now* SEPT-DEC____ JAN-MAY____	

PARENT COLLABORATION & CONTRACT AGREEMENT

(Parent Signature Required. Please complete all empty spaces) PLEASE RETURN THE **1.**REGISTRATION FEE OF $75.00 PER CHILD OR $125.00 PER FAMILY ALONG WITH **2.** FIRST MONTH TUITION (both non-refundable) AND **3.** APPLICATION BY JANUARY 20TH 2017. Once these 3 items are received, confirmation of your enrollment will be sent. THIS AGREEMENT, made between St. Thomas' Nursery School at P.O. BOX 247 Fort Washington, PA 19034 and the parents or guardians ("parents") whose signatures appear below, in consideration of the acceptance of _____for School Year 2017-2018.

* (Name of child) *

Signature of Parent/Legal Guardian:_____DATE:_____

*

CHILD MAY BE RELEASED TO: 1._____2._____

FOR STNS USE ONLY:

Application Received:	Registration Fee Received:	1st Month Tuition Received: