St. Stephen's Nursery School



REGISTRATION FORM – 2017/2018 School Year (Please Print Clearly)

Today's	Date:			OFFICE	OFFICE USE ONLY:				
		S1	TUDEN	IT INFORM	NOITAN				
First name: Last Name:		Birth		ate:	☐ Male	T-Shirt Size:			
						☐ Female	□ XS □ S □	M 🗆 L	
Street address: City/State/Zip:					Home Phone #				
Mother's Name:				Father's Name:		,			
Occupation: Cell # ()				Occupation:		Cell # (Cell # ()		
Email Address:									
Emergency Contact Name: (*someone other than parents*)						Emergency Contact Phone #			
Relationship:						()			
How did	you hear about St. Stephen's	Nursery?	☐ Family ☐ Friend ☐ Internet			ernet 🔲 Outs	et Dutside Sign/Walk By		
☐ Facel	oook	Close to home	☐ Yellow Pages ☐			Alumni	Alumni		
Special N	lotes:								
ENROLLMENT INFORMATION — (PLEASE CIRCLE AND INDICATE YOUR 1 ST , 2 ND , & 3 RD CHOICES)									
(*PM* Note these classes are new and will only happen if enrollment warrants)									
Age	Program	Days		e/Morning	Time/Afterno		nthly/Annual	Choice	
2's	Mon/Wed/Friday	3-day AM	9:15	5-11:45 AM		\$220.00 m	o / \$2,00.00 yr.		
2′s	Mon/Wed	2-day PM			12:15-2:45 P	M \$150.00 m	o / \$1,500.00 yr.		
2's	Tuesday/Thursday	2-day AM or *PM*	9:15	5-11:45 AM	12:15-2:45 PM \$150.00 m		o / \$1,500.00 yr.		
3′s	Tuesday/Thursday	2-day AM or *PM*	9:15	5-11:45 AM	12:15-2:45 P	M \$150.00 m	o / \$1,500.00 yr.		
3′s	Mon/Wed/Friday	3-day AM	9:15	5-11:45 AM		\$220.00 m	o / \$2,200.00 yr.		
3′s	Mon/Wed/Friday	3-day PM			12:15-2:45 P	M \$220.00 m	o / \$2,200.00 yr.		
4's	Mon/Wed/Friday	3-day AM & PM	9:15-11:45 AM		12:15-2:45 PM \$220.00		o / \$2,200.00 yr.		
4's	Mon/Tues/Wed/Thurs/Fri	5-day AM or *PM*	9:15	5-11:45 AM	12:15-2:45 PM \$290.00 n		o / \$2,900.00 yr.		
			AGREE	MENT/APPI	ROVAL				
 I, the undersigned, hereby register my child at <i>St. Stephen's Nursery School</i> and agree to the following conditions: A \$65.00 non-refundable enrollment fee and one month's tuition are due and payable with this application (your one month security deposit is applied to your last month's (June) tuition and is refundable until 7/14/17) I understand there will be NO refunds for withdrawals, absences, extended vacations or school closings For any returned or bounced check, I understand I am responsible and agree to pay a \$15.00 bank fee 									
Paren	t/Guardian Signature	:			Date:				
Director's Signature:							Date:		
For Office Use/Notes:									