

2018-2019 Linglestown Christian Nursery School

4 year old Registration Form

Birthday between 9/1/13 and 8/31/14

\$50: Early Bird Registration Fee: Feb. 1 to Mar. 31

\$75: Registration Fee after April 1 for 1st child and **\$50** for 2nd child

ATTACH A NON REFUNDABLE check payable to LCNS.

Feb 1	8:45 am current LCNS and active LLUMC families
Feb 8	10:00 am LCNS alumni families
Feb 15	10:00 am open enrollment

CHILD'S NAME: Last _____ First _____
Gender: Male Female Date of Birth _____ Land Line Phone _____
Address: _____ Zip _____

Parents/guardians and other adults living in the household:

Name _____ Relationship: _____ Occupation: _____
Cell # _____ e-mail _____
Name: _____ Relationship: _____ Occupation: _____
Cell # _____ e-mail _____
Name: _____ Relationship: _____ Occupation: _____
Cell # _____ e-mail _____

Marital Status: married single divorced separated widowed

Custody: both mother father other _____

Legal custody arrangements: ___no ___yes

Provide copies of any custody papers before the child starts school.

Other Children living at home:

Name: _____ Male _____ Female _____ Birthdate: _____
Name: _____ Male _____ Female _____ Birthdate: _____
Name: _____ Male _____ Female _____ Birthdate: _____

Parents/siblings not living in household

Name: _____ Relationship to Student: _____
Address: _____ Zip _____
Home Phone _____ Cell # _____ e-mail _____
Name: _____ Relationship to Student: _____
Address: _____ Zip _____
Home Phone _____ Cell # _____ e-mail _____

Which elementary school will your child attend?

Languages spoken in the home

Morning classes: 9:25/9:30 to 11:55/noon

Afternoon classes: 12:45-3:15

Note your first and second choice.

_____ morning (Monday/Wednesday/Friday) Tuition \$1,557 per year or \$173 per month
_____ afternoon (Monday/Wednesday/Friday) Tuition \$1,557 per year or \$173 per month
_____ morning (Monday, Tuesday, Wednesday, Thursday) Tuition \$2,052 per year or \$228 per month
_____ morning (Monday/Tuesday/Thursday/Friday) Tuition \$2,052 per year or \$228 per month
(over)

Religious Preference:

Congregation name & city _____
____ Christian/Protestant; ____ Christian/Catholic; ____ Christian/Orthodox
____ Christian but do belong/attend a church
____ Hindu; ____ Sikh; ____ Muslim; ____ Other, please list _____

Explain your reason or reasons for wanting your child to experience a Christian Nursery School.

How did you hear about the Nursery School? Current family _____
Friend _____ Yellow Pages _____ Internet _____
Church _____ Other _____ Alumni _____

My child is/was (circle one) receiving Early Intervention/Intermediate Unit (circle one) services.
My child is/was (circle one) receiving private services.

Please elaborate _____
Agency Name(s) _____ Phone Number _____

I give my permission for LCNS to share and receive information from these agencies.

Signature _____ **Date** _____

Other Pertinent Information _____

Does your child have an allergy, asthma, food intolerance?
If so, describe. We will provide you with a Health Care Plan. _____

Look for your first mailing in June. You will receive your Agreement Form, Help us get to know your child Form, and your Emergency Contact Form. These forms along with your first month's non-refundable tuition payment will be due by July 1.

In mid-August, look for your second mailing. It will include your child's class assignment, teachers' names, orientation and first day of school information.

Our mission is to encourage the spiritual, emotional, physical, social and intellectual growth of each child in a loving Christian environment. The love of Jesus Christ is shared with the children, in hopes of increasing their awareness of the Godly values that He desires of all His children.

LCNS does not discriminate in providing services to children and their families on the basis of race, color, national origin, political beliefs, or marital status.

Parent/Legal Guardian Signature _____ **Date** _____

Parent/Legal Guardian Signature _____ **Date** _____

Both signatures required.

* * * * *

for office use only

Registration fee recorded: Date _____ check # _____ \$ _____

Registration Form recorded in computer Date: _____