

2018-2019 Linglestown Christian Nursery School Kindergarten Kamp Registration Form

Birthday between 9/1/11 and 8/31/12

\$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 does your child attend?

Languages spoken in the home

Kindergarten Kamp
Tuition: \$1,107 or \$123 per month
 _____ Monday, Wednesday 12:15 pm – 3:15 pm

(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: _____