

2019-2020 Four Year Old Registration Form

Linglestown Christian Nursery School

Birthday between 9/1/14 and 8/31/15

\$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: First _____	Last _____	Nick Name _____
Gender: Male Female	Date of Birth _____	

Primary contact for all office communications (receipts, invoices, etc)	
Parent/guardian 1 _____	Relationship _____
Address _____	City _____ ZIP _____
E-mail _____	
Phone #1 _____	Phone #2 _____

Parent/guardian 2 _____	Relationship _____
Address _____	City _____ ZIP _____
E-mail _____	
Phone #1 _____	Phone #2 _____

Marital Status: married single divorced separated widowed
Custody: both mother father other _____
Legal custody arrangements: ___no ___yes
If yes, provide copies of any custody papers before the child starts school.

Parent not living in the home	
Name _____	Relationship _____
Address _____	City _____ ZIP _____
E-mail _____	
Phone #1 _____	Phone #2 _____
Is this person authorized to pick up? ___yes ___no	

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) _____
Give a copy of the IEP to the school office before school starts.
We will give you a Release Form from LCNS to be signed and returned ASAP.

Other Pertinent Information _____
Does your child have an allergy, asthma, food intolerance?
If so, describe. _____
We will provide you with a Health Care Plan and an Accommodations Plan to be returned before your child starts school.

Note your first and second choice.

_____ Monday, Wednesday, Friday morning	9:25 - 11:55 am
_____ Monday, Tuesday, Wednesday, Thursday morning	9:30 - 12:00 am
_____ Monday, Tuesday, Thursday, Friday morning	9:30 - 12:00 am
_____ Monday, Wednesday, Friday afternoon	12:45 - 3:15 pm

(over)

CHILD'S NAME: Last _____ First _____

FINANCIAL AGREEMENT

LCNS agrees to provide qualified staff and facilities consistent with our policies for the care and education of your child(ren). I agree to enroll my child(ren), into the Nursery School program at Linglestown Life: A United Methodist Church

_____ 2 day per week class nine installments of \$125/month or \$1,125/year
_____ 3 day per week class nine installments of \$175/month or \$1,575/year
_____ 4 day per week class nine installments of \$230/month or \$2,070/year
_____ 5 day per week class nine installments of \$270/month or \$2,430/year
_____ \$10 discount per month per sibling (for the younger/second sibling) or \$90/year
\$_____ Total monthly tuition for this child

I understand that the first NON-REFUNDABLE tuition installment is due on or before July 1. Beginning in September, payments are due **on or before the 15th of each month** (September through April).

If you did not receive your first choice of classes or this amount changes, you will be notified.

Name of the person(s) responsible for paying tuition (please print)

If not parents: relationship _____
address _____
phone number _____ e-mail _____

Look for your first mailing in June. Return the 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.

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: _____