

# 2019-2020 Kindergarten Kamp Registration Form

## Linglestown Christian Nursery School

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:** 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.

\_\_\_\_\_Monday, Wednesday afternoon 12:15 – 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 15<sup>th</sup> 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: \_\_\_\_\_