

**ZELIENOPLE NURSERY SCHOOL
REGISTRATION FORM
School Year 2010-2011**

3 Year Old AM ___ PM ___
(Must be 3 by Sept. 1, 2010)

4 Year Old AM ___ PM ___
(Must be 4 by Sept. 1, 2010)

Child's Name _____
(Last) (First) (Nickname if any) (Middle)

Address _____
(Street address) (City & State) (Zip)

Home Phone _____ Birthday _____

Father's Name _____ Mother's Name _____

Father's Occupation _____ Mother's Occupation _____

Father's Work Phone _____ Mother's Work Phone _____

Two Emergency Contact #s _____

E-Mail Address _____

Brothers & Sisters (Names & Ages) _____

Special problems the teacher should be aware of (allergies, disabilities, etc.) _____

Have you had a child go through this school before? Yes _____ No _____

Name of a local relative or neighbor with transportation to contact in parents absence:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Health Insurance _____ Policy Number _____

In case of emergency do we have your permission to send your child to _____

Hospital. I assume responsibility for payment. Yes ___ No ___. I agree that the School Employees and Board Members shall be in no way be held responsible or liable for any injuries suffered by my child while engaged in school activities.

Signature of Parent of Guardian _____ **Date:** _____

REGISTRATION FEE IS \$30.00. This fee is NON-REFUNDABLE.

Registration fee MUST accompany this form to be considered registered.

Monthly tuition for the 3 Year Old Program (Thursday & Friday) is \$80.00

Monthly tuition for the 4 Year Old Program (Mon.- Tues.- Wed.) is \$90.00

3 AM Program 9:30-11:30

4 AM Program 9:00-11:30

3 PM Program 12:30-2:30

4 PM Program 12:30-3:00

How did you hear about our Preschool? _____

Please return COMPLETED registration form to the address below. The immunization form can be returned anytime before the start of school. Please call if there are any questions.

Kari Adams
318 E. Spring St.
Zelienople, PA 16063
724-454-6787