

# St. Matthew's Nursery School

Jackie Anderson, Director



919 Tennis Avenue • Maple Glen, PA 19002

(215) 646-4466

## REGISTRATION FORM

2023-2024

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Parent/Guardian Occupation and Employer \_\_\_\_\_

\_\_\_\_\_ Work or Cell Phone \_\_\_\_\_

Parent/Guardian Occupation and Employer \_\_\_\_\_

\_\_\_\_\_ Work or Cell Phone \_\_\_\_\_

Previous Nursery School Attended \_\_\_\_\_

Any Physical Disability, Limitation, Medication, Health Condition or early intervention services received \_\_\_\_\_

Unusual Factors in Child's Life (absence of parent, extended illness, etc.) \_\_\_\_\_

Names and Ages of Brothers & Sisters \_\_\_\_\_

Source of Recommendation \_\_\_\_\_

Two Contacts in Case of Emergency:

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

### **For office use only**

Date \_\_\_\_\_ Registration fee paid \_\_\_\_\_ Check # \_\_\_\_\_ Sent confirmation \_\_\_\_\_

# REGISTRATION FORM

Please check the program for which you are registering: indicating a **1<sup>st</sup>** and **2<sup>nd</sup>** choice. If a 2<sup>nd</sup> choice is not indicated one will be chosen for you.

**2 ½-Year-Old Class: Child must be 2 ½ by September 1<sup>st</sup> (8 children with a teacher and an aide)**

**2 days a week** – 9:00 AM to 11:30 AM..... Tuition/Month \$223.00  
\_\_\_\_\_  Tuesday, Thursday

**3 days a week** – 9:00 AM to 11:30 AM..... Tuition/Month \$290.00  
\_\_\_\_\_  Monday, Wednesday, Friday

**3-Year-Old Class: Child must be 3 by September 1<sup>st</sup> (12 children with a teacher and an aide)**

**2 days a week** – Tuesday and Thursday.....Tuition/Month \$223.00  
\_\_\_\_\_  AM 9:00 AM to 11:30 AM

**3 days a week** – Monday, Wednesday, Friday.....Tuition/Month \$290.00  
\_\_\_\_\_  AM 9:00 AM to 11:30 AM \_\_\_\_\_  PM 12:30 PM to 3:00 PM

**Pre-Kindergarten Class: Child must be 4 by September 1<sup>st</sup> (15 children with a teacher and an aide)**

**3 days a week** – Monday, Wednesday, Friday.....Tuition/Month \$290.00 Half Day *or* \$488.00 Full Day  
\_\_\_\_\_  AM 9:00 AM to 11:30 AM \_\_\_\_\_  Full Day 9:00 AM to 3:00 PM  
\_\_\_\_\_  PM 12:30 PM to 3:00 PM

**4 days a week** – Monday through Thursday.....Tuition/Month \$336.00 Half Day *or* \$551.00 Full Day  
\_\_\_\_\_  AM 9:00 AM to 11:30 AM \_\_\_\_\_  Full Day 9:00 AM to 3:00 PM  
\_\_\_\_\_  PM 12:30 PM to 3:00 PM

**5 days a week** – Monday through Friday.....Tuition/Month \$373.00 Half Day *or* \$605.00 Full Day  
\_\_\_\_\_  AM 9:00 AM to 11:30 AM \_\_\_\_\_  Full Day 9:00 AM to 3:00 PM  
\_\_\_\_\_  PM 12:30 PM to 3:00 PM

A non-refundable registration fee of \$75.00 per new family or \$50.00 for existing/Alumni/Church Family is required with the application. This is applied to insurance required by the school. The first tuition payment is due by June 1<sup>st</sup>. This tuition payment is non-refundable. A 20% discount is applied to the tuition payment of the second child.

I agree to the terms as stated on this application and wish to enroll my child.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_