

St. Matthew's Nursery School

Jackie Anderson, Director



919 Tennis Avenue • Maple Glen, PA 19002

(215) 646-4466

REGISTRATION FORM

2020-2021

Child's Name _____ Nickname _____

Mother's and Father's Name _____

Address: Street _____

City _____ Zip _____

Home Phone _____ Child's Date of Birth _____

E-Mail Address _____

Father's Occupation and Employer _____

Work or Cell Phone _____

Mother's 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 **1st** and **2nd** choice

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

2 days a week – 9:00 AM to 11:30 AM..... Tuition/Month \$199.00
_____ Tuesday, Thursday

3 days a week – 9:00 AM to 11:30 AM..... Tuition/Month \$258.00
_____ Monday, Wednesday, Friday

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

2 days a week – Tuesday and Thursday.....Tuition/Month \$199.00
_____ AM 9:00 AM to 11:30 AM

3 days a week – Monday, Wednesday, Friday.....Tuition/Month \$258.00
_____ 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 1st (15 children with a teacher and an aide)

3 days a week – Monday, Wednesday, Friday.....Tuition/Month \$258.00 Half Day *or* \$439.00 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 \$299.00 Half Day *or* \$495.00 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 \$326.00 Half Day *or* \$544.00 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 1st. **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 _____