



ST. ANDREW'S NURSERY SCHOOL

3900 Freemansburg Avenue
Easton, Pennsylvania 18045-5519
(610) 258-7877
www.standrewselca.org

To register your child for the 2012-2013 school year, please do the following:

- **MAIL** the completed enrollment form (both sides) along with a \$50 non-refundable registration fee by check or money order made **payable** to St. Andrew's Nursery School and a copy of your child's Birth Certificate (if not already on file)

Please mail to: Michele Benes, Registrar
419 Fox Run
Easton, PA 18042

- Eligibility: All students must turn 3 or 4 by their district cut-off date and be toilet trained.
- Immunizations: We expect that all children be in the process of being immunized according to your physician's recommendations.
- If eligible for more than one class, please indicate your **1st and 2nd choice** on the bottom of the enrollment form before mailing:
 - *Tuesday and Thursday morning (3 year old class)*
 - "Trains and Rockets" Maximum enrollment – 38
(2 classes of 19 students each)
 - *Tuesday and Thursday afternoon (older 3 and younger 4 year olds)*
Must turn 4 by January 31st
 - "Fireflies" Maximum enrollment – 19 (1 class only)
 - *Monday, Wednesday, and Friday morning (4 year old class)*
 - "Caterpillars" Maximum enrollment – 23 (1 class only)
 - *Monday, Wednesday, and Friday afternoon (4 year old class)*
 - "Butterflies" Maximum enrollment – 23 (1 class only)
 - *Monday, Tuesday, Thursday, and Friday afternoon (must turn 5 by Jan. 31ST)*
 - "Dinosaurs" Maximum enrollment – 23 (1 class only)
- Tuition for 2-day sessions currently is \$290 a trimester (due on August 1, December 1, and March 1)
- Tuition for 3-day sessions currently is \$435 a trimester (due on August 1, December 1, and March 1)
- Tuition for 4-day session currently is \$580 a trimester (due on August 1, December 1, and March 1)

Currently, if two or more siblings are enrolled the cost for the second child will be discounted by 25%

*****ENROLLMENT FORM*****

**A copy of your child's Birth Certificate (if not already on file)
with a non-refundable fee of \$50 is required.**

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MAIL TO: Michele Benes, Registrar
419 Fox Run
Easton, PA 18042
(610) 330-0942

NAME OF CHILD _____ NICKNAME _____

ADDRESS _____ BIRTHDATE _____

_____ city _____ state _____ zip _____ school district _____ (sex: m f)

HOME PHONE # _____ CELL PHONE # _____

MOTHER'S NAME _____ OCCUPATION _____
first last previous or present

FATHER'S NAME _____ OCCUPATION _____
first last previous or present

MOTHER'S BUSINESS # _____ FATHER'S BUSINESS # _____

EMAIL ADDRESS _____

LOCAL FRIEND or RELATIVE TO BE NOTIFIED IN CASE OF ILLNESS, IF BOTH PARENTS ARE

UNAVAILABLE _____
name address phone #

NAMES OF SIBLINGS AND AGES: BROTHERS _____
SISTERS _____

LANGUAGE SPOKE AT HOME _____ RELIGION _____

PHYSICAL NEEDS/SPECIAL NEEDS/ALLERGIES (Epi-Pen needed YES or NO) _____

SCHEDULE SELECTED: (please indicate your 1st and 2nd choice below)

3-yr-old must be 3 by district's cut off date

_____ Tuesday-Thursday 9:00 - 11:30am

Older-3 and Younger 4 years old

must be 4 on or before Jan 31st

_____ Tuesday-Thursday 12:30 - 3:00pm

4-yr-old must be 4 by district's cut off date

_____ Monday-Wednesday-Friday 9:00-11:30am

_____ Monday-Wednesday-Friday 12:30-3:00pm

4+ Class must be 5 on or before Jan 31st

_____ Monday - Tuesday - Thursday - Friday
12:30 - 3:00pm

OVER 

HAS YOUR CHILD HAD ANY PREVIOUS NURSERY SCHOOL EXPERIENCE? (please describe)

ARE THERE ANY SPECIAL CONDITIONS ABOUT WHICH YOU FEEL THE TEACHER SHOULD KNOW?
(include any health or family matters)

PHYSICIAN _____ PHONE # _____

CONSENT AND CONTACT FORM

In the event that my child is injured or ill, I understand that the teacher will attempt to contact me, the other parent, or the legal guardian.

In the event that I, the other parent, or the legal guardian are not available, I give my permission to the teachers to provide first aid for my child and to take the appropriate measures including contacting emergency medical services (EMS) system and arranging for transportation to _____ Hospital or the nearest emergency medical facility. At no time will the teachers drive an ill or injured child to an emergency medical facility.

Signature _____ Date _____