

Thank you for considering  
**Little Blessings Nursery School**

2024/2025

**AGE REQUIREMENTS**

Mommy and Me: Two and three year olds

Three Year Old Pre-K Class: Child must be three by October 31, 2024

Four Year Old Pre-K Class: Child must be four by October 31, 2024

Five Year Old Pre-K Class: Child must be five by December 31, 2024

The Mommy and Me Class

Meeting on Monday Mornings

The Three Year Old Pre-K Class

Meeting on Tuesday and Thursday from 9 am-12:00 pm

The Four Year Old Pre-K Class

Meeting on M/W/F from 9 am-12:00 pm and 12:45-3:45 pm

The Five Year Old Pre-K Class

Meeting on Tuesday, Wednesday, Thursday and Friday from 9 am-1:00 pm (Lunch)

**TUITION**

Monday --- Mommy and Me	-----\$531.00
	or 9 monthly payments of \$59.00
Tuesday /Thursday ---Three Year Olds	-----\$1,683.00
	or 9 monthly payments of \$187.00
Monday /Wednesday /Friday ---Four Year Olds	-----\$2,106.00
	or 9 monthly payments of \$234.00
Tuesday, Wednesday, Thursday & Friday---Five Year Olds	-----\$2,493.00
	or 9 monthly payments of \$277.00

**REGISTRATION:** Along with your completed application, please include - a non refundable check or money order made out to Little Blessings Nursery School for \$60.00 per child. Please note that upon receipt of registration your child is considered accepted into school unless we notify you otherwise. Also, keep this page for your records.

**TUITION:** Divided into 9 equal payments with a due date beginning August 15<sup>th</sup> for September tuition, then beginning in October, monthly tuition is due the 1<sup>st</sup> of each month with the final payment due May 1<sup>st</sup>. If you choose to make your payments electronically, we will be adding a 3% convenience fee to your tuition account based on the amount of the transaction.

**DISCOUNT:** Members of Reeders Church receive a 10% discount. Pay in full by August 15<sup>th</sup> receive 5% discount. Additional siblings in school receive 10% discount per additional child.

**MAIL:** First tuition to: Little Blessings Nursery School, P.O. Box 187, Reeders, PA, 18352. After that, checks may be placed in the red box outside the office door. No need to put them in envelopes.

**BOUNCED CHECKS/TRANSACTIONS:** We will add current bank fee to your tuition account for each insufficient funds transaction.

Please contact the registrar, Joan Purdy at 570-629-1712 or Via email at rumc@ptd.net if you have any tuition questions.

# Little Blessings Nursery School

Registration Form - Personal and Confidential

Please submit a non-refundable registration fee of \$60.00 - check or money order only.

PLEASE PRINT CLEARLY

Child's Name \_\_\_\_\_ Sex \_\_\_ Birth Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town & Zip \_\_\_\_\_

Circle One Only: MOMMY & ME / THREES CLASS / FOURS CLASS AM or PM / FIVES CLASS

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Name and Ages of Siblings \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Father's Work # \_\_\_\_\_ Mother's Work # \_\_\_\_\_

Has child previously attended Nursery School or Day Care? \_\_\_\_\_

If so, how long? \_\_\_\_\_ How did you hear about Little Blessings? \_\_\_\_\_

What are your child's favorite interests? \_\_\_\_\_

Please list child's other group experiences (Sunday School, Babysitter, Play Groups etc.)

Does your child have any behavioral problems? Examples: Leaving a classroom or building on their own, hitting, biting etc. \_\_\_\_\_

Special Concerns: Fears \_\_\_\_\_ Food \_\_\_\_\_ Health \_\_\_\_\_

Would your child like to use a nickname in school? \_\_\_\_\_

What is your family structure? Traditional two parent \_\_\_\_\_

Divorced \_\_\_\_\_

Step Parent \_\_\_\_\_

Single Parent \_\_\_\_\_

Other \_\_\_\_\_

Is there any confidential information that would help the teacher work with your child? \_\_\_\_\_

Check and the teacher will contact you before school begins. \_\_\_\_\_

Please list dates for immunizations. (Check marks will not be accepted)

DPT \_\_\_\_\_ Rubella \_\_\_\_\_

Measles \_\_\_\_\_ Mumps \_\_\_\_\_

Tetanus Booster \_\_\_\_\_ Other \_\_\_\_\_

Family Physician \_\_\_\_\_

Known Allergies \_\_\_\_\_ Medical Problems \_\_\_\_\_

If your child is medically or religiously exempt from immunizations, please request a medical exempt form.