

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

2020/ 2021

**AGE REQUIREMENTS**

Mommy and Me - Two and three year olds  
Three Year Old Pre-K Class - Child must be three by October 31, 2020  
Four Year Old Pre-K Class - Child must be four by October 31, 2020  
Five Year Old Pre-K Class - Child must be five by December 31, 2020

**The Mommy and Me Class**

Meeting on Mondays, 9:00 am Class and 10:30 am Class

**The Three Year Old Pre-K Class**

Meeting on Tuesday and Thursday from 9 am-12:00 pm and 12:45-3:45 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	-----	\$450.00
	or 9 monthly payments of \$50.00	
Tuesday - Thursday - Three Year Olds	-----	\$1,440.00
	or 9 monthly payments of \$160.00	
Monday - Wednesday - Friday - Four Year Olds	-----	\$1,800.00
	or 9 monthly payments of \$200.00	
Tuesday, Wednesday, Thursday, Friday - Pre-K	-----	\$2,250.00
	or 9 monthly payments of \$250.00	

**REGISTRATION:** Along with your completed application, please include a non-refundable check or money order made out to Little Blessings Nursery School for \$50.00 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 1<sup>st</sup> for September tuition, then September 1<sup>st</sup> for October tuition, etc. (Last payment April 1<sup>st</sup>)

**DISCOUNT:** Members of Reeder's Church receive a 10% discount. Pay in full by August 1<sup>st</sup>, - receive 10% discount. Additional siblings in school - receive 15% discount per additional child. There is one discount per child.

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

**FEES:** \$15 Charge for checks received after the 15<sup>th</sup> of the month

**BOUNCED CHECKS:** We will charge current bank fee

Please call the registrar, Lisa Price at 570-460-5799 if you have any tuition questions

# Little Blessings Nursery School

Registration Form - Personal and Confidential

Please submit a non-refundable registration fee of \$50.00 - check or money order only.

PLEASE PRINT CLEARLY

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

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

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

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

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.