

Learning Express Nursery School 2017-2018 Registration Form

PLEASE NOTE: The following list of classes may be offered for the 2017-2018 School Year. Classes are scheduled according to demand and depend upon enrollment. Every class may not be offered and times are subject to change. Please include a non-refundable registration fee of \$50 to secure your child's enrollment. (\$25 for each additional child in the family)
 Child must be appropriate age by September 1, 2017.

Return this form, along with \$50 registration fee to:

Learning Express Nursery School
 Attn: Tracie Cartwright
 210 W. Main Street
 Hummelstown, Pa 17036

Please Check Class Preference

2's	3's <i>Must be potty-trained</i>	4's	4/5's <i>5 by Dec. 31, 2017</i>
Wed./Fri. AM 9:30-11:30 \$110/month	Tues./ Thurs. AM 9:15-11:30 \$122/month	M/W/F AM 9:15-11:45 \$160/month	M/T/W/TH AM 9:15-12:00 \$212/month
	Tues./ Thurs. PM 12:15-2:30 \$122/month	M/W/F PM 12:15-2:45 \$160/month	

Please Print

Student Information

Child's Name _____ Gender _____ Date of Birth _____

Name you prefer your child be called at school _____ Age as of Sept.1, 2017 _____

Home Address _____

Parent Information

Father's Name _____ Address _____ _____ Home Phone _____ Cell Phone _____ Email _____ Place of employment _____ Work Phone _____ Preferred contact method: _____	Mother's Name _____ Address _____ _____ Home Phone _____ Cell Phone _____ Email _____ Place of employment _____ Work Phone _____ Preferred contact method: _____
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Other members of the household, other than parents. *(Please indicate ages of siblings)*

In case of emergency, name two local people who may be contacted if we are unable to reach parents/guardians.

1. Name _____ Relation _____ Phone _____

2. Name _____ Relation _____ Phone _____

Family Physician _____ Phone _____

Is your child under physician's care for any medical conditions (including speech, hearing, eyesight, cardiac or orthopedic)? No Yes (if yes please offer a brief explanation)

Does your child have any allergies (contact, inhaled, ingested, including food)? No Yes (please explain)

Has your child received OR is your child currently receiving any form of early intervention evaluation/services?
 No Yes (please explain)

Are there any dietary restrictions (medical or religious) for your child? No Yes (please explain)

Does your child nap during the day? No Yes – How long? _____ When? _____

Has your child had previous nursery school experience? No Yes – If so where? _____

Has your child attended church, neighborhood, or other group activities? _____

Does your child have experience playing with other children? _____

By nature your child is: Friendly Aggressive Shy Withdrawn Other _____

Does your child play well alone? _____

How does your child relate to new people and new situations? _____

Does your child stay with a sitter: Rarely _____ Occasionally _____ Often _____

Has your child had any unusual experiences, such as an accident, OR does your child have any strong fears?

Is there any additional information the teachers should know to help make Learning Express Nursery School a more enjoyable experience for your child? _____

How did you hear about LENS? _____

By signing this form you are agreeing to submit a \$50.00 non-refundable registration fee with this application to secure enrollment for your child. You are also agreeing to pay the September tuition by July 15 and submit each month's tuition by the 15th of the preceding month (ex. October's tuition by September 15).

Signature of Parent/Legal Guardian _____ Date _____