



Check # _____ Date _____

SUPPLEE CHURCH NURSERY SCHOOL

855 Welsh Road, Maple Glen, PA 19002

Mrs. Karen M. Kohler, Director

Registration for School Year 2008-2009

Please fill out one form for each child

Child's Name _____ Preferred First Name _____

Sex _____ Birthday _____ Age _____ Home phone _____

Address _____ City _____ Zip Code _____

e-mail _____

Father's Name _____ Occupation _____

Business Telephone _____ cell: _____

Business Address _____

Mother's Name _____ Occupation _____

Business Telephone _____ cell: _____

Business Address _____

Parents' Marital Status _____

Siblings:	Name	Age	Attended Supplee NS?	If so, what year?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Others living in the home _____

Please check all appropriate spaces:

___ Supplee Church member

___ This child is presently enrolled at Supplee

___ Both this child and his/her sibling will be enrolled here for the upcoming year

___ This child is the younger sibling of one presently enrolled at Supplee but is moving onto kindergarten next year

___ Although we presently have no one at Supplee, this child's parent or older sibling attended Supplee (years? _____ - welcome back!!)

___ This will be our family's first year at Supplee Nursery School

How did you hear about us? _____

(over please)

Please indicate the class in which you desire your child enrolled. Mark your preference (1st, 2nd, etc.) along with any specific requests you might have. If particular class days, or if AM or PM classes do not matter to you, we would very much appreciate your marking those choices "either."

2 to 3 Year-Olds (Limited to 8 per class) 1 or 2 days per week

M-W Class A.M. _____ P.M. _____

T-TH Class A.M. _____ P.M. _____

Friday Class A.M. _____

3 to 4 Year-Olds: (Limited to 10 or 12 children depending on room size): 2 or 3 days per week

2-day: T-TH Class A.M. _____ P.M. _____

3-day: M-W-F A.M. only _____

3-day: M-T-TH A.M. _____ P.M. _____

3-day: T-TH-F A.M. _____ P.M. _____

4 to 5 Pre-K(Limited to 10 or 15 children depending on room size): 3 or 4 days per week

3-day : M-W-F Class: A.M. _____ P.M. _____

4-day: M-T-W-F Class: A.M. _____ P.M. _____

AM Older Pre-K- Children born 9/1/03 or before - (Limited to 10): 4 days per week

M-W-TH-F Class (A.M.) _____

PM Older Pre-K - Children born 12/31/03 or before - (Limited to 10): 4 days per week

M-W-TH-F Class (P.M.) _____

Has this child previously attended nursery school? _____ If so, where? _____

If Supplee: Teacher _____ Class _____

Family Church Affiliation _____

Information that might help us to better meet your child's needs:

The fall term begins in mid-September and school is in session through the Friday of Memorial Day weekend. Children will be accepted only for the entire nine-month term unless there is a vacancy during the year. A non-refundable registration fee of \$45.00 is to be remitted with the application.

I agree to the terms as stated on this application and wish to enroll my child.

Date _____ Signature of the Parent or Guardian _____