

2017-2018 REGISTRATION FORM  
**Shiloh Lutheran Nursery School**

2201 Church Road  
 York, PA 17408  
 717-764-8200  
 shilohlutheranns@comcast.net  
 www.shilohlutheranns.com

Returning- New

Enter-J \_\_\_\_\_  
 Email base-M \_\_\_\_\_  
 Sibling \_\_\_\_\_  
 Conf.sent \_\_\_\_\_

CHILD'S NAME				
Last	First	Middle	NAME YOUR CHILD IS TO BE CALLED	
Birth date	School District		Child's Gender	
Home Address			Home Telephone	
	<b>MOTHER</b>		<b>FATHER</b>	
Name				
Home Address if different from child				
City, State, Zip				
Occupation				
Employer Name and address				
Work phone number				
Cell and Home Telephone Numbers	(Cell)	(Home) if different than cell	(Cell)	(Home) if different than cell
Primary Email Address to be used    Please circle:    Joint    Mother    Father <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
(CLEARLY & IN CAPS)				
Secondary Email Address to be used    Please circle:    Joint    Mother    Father <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
(CLEARLY & IN CAPS)				

NAMES & DOB OF SIBLINGS LIVING AT HOME AND OTHER PEOPLE IN THE HOME (OTHER THAN PARENTS)		
Name	Relationship	DOB if Sibling
Name	Relationship	DOB if Sibling
Name	Relationship	DOB if Sibling
Name	Relationship	DOB if Sibling

*Continued on back...*

Student's Name: \_\_\_\_\_

A registration fee of \$55, must accompany this registration form in order to be processed.  
The fee is NON-REFUNDABLE and checks should be written to:

**Shiloh Lutheran Nursery School**

Please note below your 1st, 2nd and 3rd choice of class session for your child: If a class session is not filled, the Director has discretion to combine the classes and close a class session.

(1) next to 1st choice      (2) next to 2nd choice      (3) next to 3rd choice

<b>2 DAY -- 2 YEAR OLD CLASS</b>		<i>*(must be 2 by 9/30)</i>
	Monday/Wednesday 9:00 AM-10:30 AM	
	Monday/Wednesday 10:45 AM-12:15 PM	
	Tuesday/Thursday 9:00 AM -10:30 AM	
	Tuesday/Thursday 10:45 AM- 12:15 PM	
<b>2 DAY -- 3 YEAR OLD CLASS</b>		<i>*(must be 3 by 9/30)</i>
	Monday/Wednesday 9:00 AM -11:30 AM	
	Monday/Wednesday 12:00 PM-2:30 PM	
	Tuesday/Thursday 9:00 AM -11:30 AM	
<b>3 DAY -- 4 YEAR OLD CLASS</b>		<i>*(must be 4 by 9/30)</i>
	Monday /Wednesday / Friday 9:00 AM -11:30 AM	
	Monday/Wednesday / Friday 12:00 PM -2:30 PM	
	Tuesday/Thursday/ Friday 9:00 AM -11:30 AM	
<b>5 DAY -- PRE-K CLASS</b>		<i>*(must turn 5 by 10/31)</i>
	Monday through Friday 9:00-11:30 AM	
<b>*ALL AGE REQUIREMENTS AND ACADEMIC READINESS ARE SUBJECT TO APPROVAL BY DIRECTOR</b>		

PLEASE MAKE NOTE THAT **SEPTEMBER'S TUITION IS DUE AT ORIENTATION IN AUGUST.**

PLEASE MAKE CHECKS PAYABLE TO:

**SHILOH LUTHERAN NURSERY SCHOOL** WRITE IN THE MEMO SECTION OF YOUR CHECK, PLEASE NOTE YOUR CHILD'S NAME AND WHETHER THIS IS FOR A 2, 3, 4, OR PRE-K YEAR OLD CLASS PLACEMENT.

I UNDERSTAND THAT FAILURE TO MAKE MY FIRST PAYMENT BY ORIENTATION COULD RESULT IN THE CANCELLATION OF MY CHILD'S ENROLLMENT. I ALSO AGREE TO GIVE 2 WEEKS NOTICE IF I NEED TO WITHDRAW MY CHILD AT ANYTIME DURING THE SCHOOL YEAR OR BE SUBJECT TO A FEE.

\_\_\_\_\_  
PRINT- Parent(s) Name

\_\_\_\_\_  
Signature - Parent(s) Name

\_\_\_\_\_  
Date

**For Office Use Only:**

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Date Rec'd: \_\_\_\_\_

<b>Class Session Assigned &amp; Date:</b> _____
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