

St. Stephen's Nursery School  
2024-2025 Application for Admission

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Preferred Name/ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of September 1<sup>st</sup>: \_\_\_\_\_

Parent/Guardian Names:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

*(As you wish them to appear on class lists)*

Address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father cell phone # \_\_\_\_\_ Mother cell phone # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

School District of Residence: \_\_\_\_\_

*\*Above information is published on class lists. Please let us know if you would like your information kept confidential.*

***Please Check the class selection for which you are applying.*** We will make every effort to honor your requests and/or place your child in an age-appropriate group. We reserve the right to make a placement based on teacher recommendations. **Any classes that do not meet enrollment requirements will be canceled and affected families will be notified.**

\_\_\_\_\_ 3' s Class- Tuesday/Thursday - 9:00am-12:00 (2 mornings per week)

\_\_\_\_\_ 3's Class Monday/Wednesday-9:00-12:00 (2 mornings per week)

\_\_\_\_\_ Full Day Class - 8:30am-2:30pm (4 days per week)

\_\_\_\_\_ Full Day Class- 8:40 am – 2:40 pm (3 days per week)

Does your child currently receive or, has in the past received, **Early Intervention services?**  
**If yes, please explain:**

**PLEASE READ AND GIVE YOUR INFORMED CONSENT.**

I agree to the following:

I have enclosed with this application a **\$95 registration fee**. I understand this is a **Non-refundable** fee that is not part of any tuition payment.

I agree to pay my child's tuition based on the tuition schedule included with this packet of information.

I will complete and return all necessary registration forms on or **before August 15, 2024**

I will return the Child Health Report complete with physician's signature by the end of the **first month of the 2024-2025 school year**. I understand that St. Stephen's Nursery School operates from **September through May**.

**I understand that St. Stephen's Nursery School reserves the right to cancel any class due to low enrollment and issue a pro-rated refund of any tuition monies paid prior.**

I agree to provide **nut-free** healthy snacks (along with, food, beverage, and paper products) for the class on a rotating monthly basis.

By signing this application, I am giving my consent:

For my child's information to be published on class lists.

For my child to utilize the playground equipment.

For my child to be taken on supervised walks around the campus.

For my child to be photographed or recorded and/or voice recorded during activities related to St. Stephen's Nursery School. I grant permission to use my child's likeness and/or voice without restriction for the purposes of promoting St. Stephen's Nursery School in print, projection, internet web site, video and/or future media market.

To receive electronic communication via E-Mail.

For my child to use hand sanitizer at times during the school day.

*{This does not replace soap & water at restroom time or before and after snack}*

Parent/Caregiver Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

