

St. Stephen's Nursery School
2025-2026 Application for Admission

Child's Name: _____

Preferred Name/ Nickname: _____

Date of Birth: _____ Age as of September 1st: _____

Parent/Guardian Names: _____
(As you wish them to appear on class list)

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

_____ 3's Class Monday/Wednesday-9:00-12:00

_____ Full Day Class - 8:30am-2:30pm Tuesday- Friday

_____ Full Day Class- 8:40am- 2:40pm Tuesday – Thursday

_____ Pre-K Counts! Class M-F (Scholarship Program) 8:50am-2:20pm

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, 2025**

I will return Child Health Report complete with physician's signature by the end of the **first week of the 2025-2026 school year**. I understand my child cannot be otherwise admitted.

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** snacks (including food, beverage, and paper products) for the class on a rotating monthly basis.

By signing this application, I am giving 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: _____