



St Stephen's Nursery School
1070 Dutch Rd
Fairview, PA 16415
814-474-4773
director@ssnsf.org

2026-2027 Application for Admission

Child's Name: _____

Date of Birth: _____ Age as of September 1, 2026: _____

Mother/Guardian Name: _____

Address: _____ City: _____

Zip Code: _____ Phone Number: _____

E-mail Address: _____

Father/Guardian Name: _____

Address: _____ City: _____

Zip Code: _____ Phone Number: _____

E-mail Address: _____

School District of Residence: _____

Does your child currently have an IEP or receive early intervention services? YES/NO

If yes, please explain: _____

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 families will be notified.

_____ **3's Class** Monday/Wednesday 9:00 a.m.-12:00 p.m.

must be 3 by October 1st and toilet trained

_____ **3's Class** Tuesday/Thursday 9:00 a.m.-12:00 p.m.

must be 3 by October 1st and toilet trained

_____ **Full Day Pre-K** Tuesday-Thursday 8:40 a.m.-2:40 p.m.

_____ **Full Day Pre-K** Tuesday-Friday 8:30 a.m.-2:30 p.m.

_____ **Pre-K Counts** (income-based) Monday-Friday 8:50 a.m.-2:20 p.m.

PLEASE READ AND GIVE YOUR INFORMED CONSENT

I agree to the following:

- I have enclosed with this application the **\$100** registration fee. I understand this is a **non-refundable** fee that is not part of a tuition payment.
- I agree to pay my child's tuition based on the tuition schedule included with this packet of information. **This does not need to be returned (at this time) and is for your reference.**
- I will complete and return all necessary registration forms by the due date provided.
- I will return the child health form (complete with physician's signature) by the **end of the first week of the 2026-27 school year**. This is a requirement for enrollment.
- 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 for any tuition paid prior.
- I understand that St. Stephen's Nursery School is nut-free and I will provide nut-free snacks (on my child's snack days) and a nut-free lunch for my child, when applicable.

By signing this application, I am giving consent:

- ✓ For my child to utilize playground equipment.
- ✓ For my child to be taken on supervised walks around the school campus.
- ✓ For my child to use hand sanitizer (at times) during the school day
(this does not replace soap and water at restroom time or before/after meals)
- ✓ For my child's information to be shared on class lists.
- ✓ For my child to be photographed and/or recorded during activities related to St. Stephen's Nursery School. I give permission to use my child's likeness without restriction for the purposes of promoting St. Stephen's Nursery School in print, internet website, projection, and/or video.
- ✓ To receive electronic communication via email.

Parent/Caregiver Signature: _____

Printed Name: _____ Date: _____