

Date: _____

Session Preferred:

- _____ 3-year-old T/W/TH (8:45-11:15 am)
- _____ AM PreK T/W/TH (9:00-11:30 am)
- _____ PM PreK T/W/TH (12:30-3:00 pm)
- _____ Enrichment Mondays (9:00-12:00 pm)

SALEM COMMUNITY NURSERY SCHOOL

Fishing Creek Salem United Methodist Church
402 Valley Road, Etters, PA 17319
717-938-1928

To register for the school year children must be 3 or 4 on or before **October 1.**

Child's Name: _____
(Last) (First) (Middle)

Nickname: _____ Male or Female: _____ Birthday: _____

Parent's Name(s): _____
(Father) (Mother)

Home address: _____
(street) (city) (zip code)

Home phone: _____ E-mail: _____

Father Cell phone: _____ Mother Cell Phone: _____

Church Affiliation: _____

Father's Employer Name: _____ Work phone: _____

Mother's Employer Name: _____ Work phone: _____

Name and date of birth of other children in the family

(Name) (DOB) (Name) (DOB)

Salem Community Nursery School does not have a nurse on staff. Therefore, we will not administer any medication or medical treatments to any child.

Has your child been evaluated by an IU? _____ Do they receive IU services? _____

If they receive IU services, what kind? _____

Has your child any special problem we ought to know about to understand him/her better?

In eye sight _____ In hearing _____ In heart _____

Past illnesses _____ In speech _____ In behavior _____

In physical condition _____

Any allergies _____

Other conditions or issues we should be aware of: _____

What methods of discipline (when necessary) to you find most effective with your child? _____
_____.

What are your child's favorite activities? _____

Has your child had any previous group experiences with other children? Yes No

Please explain _____

List any fears your child may have? _____

What is your primary reason for wanting to send your child to nursery school? _____
_____.

What do you hope your child will gain from nursery school? _____
_____.

Applications will be considered on a first-come first-serve basis. Please mail completed application form along with the \$30.00 non-refundable registration fee (\$10.00 for a second child in the same family during the same school year) to the address below. If adding the Enrichment Class to a PreK Class, please send an additional \$5 registration fee. Upon confirmation of your child's acceptance into our program, the first tuition payment is due within 30 days. **Please make check payable to: Salem Community Nursery School (SCNS).** This tuition payment will assure your child's placement in our nursery school program.

Salem Community Nursery School
Attn: Kim Winkowski
402 Valley Road
Etters, PA 17319
(717) 938-1928

All information on this application form will be kept confidential.

We embrace all children who want to be part of our school. We do not discriminate against any child for any reason. Our goal is to provide the safest environment for all children in our program. Because some children have food allergies and dietary concerns, parents may be responsible for providing a daily snack for their child.