

LAKESIDE PRESBYTERIAN NURSERY SCHOOL _____ (T W TH) 8:30-11:30 AM _____ (T W) 12:30-3:00 PM
Duluth, Minnesota _____ (T W TH) AM and PM*

REGISTRATION FORM

2018-2019

General

Name _____ Nickname _____

Birthdate _____ Sex: _____ Male _____ Female
(month) (date) (year)

Children must be 33 months of age by September 1.

Child's Home Address _____
(Street) (Zip Code)

Phone _____ Email _____

Parent Name _____ Parent Name _____

Parent's Address: _____

Parent _____ Telephone _____ Cell Phone _____

Parent _____ Telephone _____ Cell Phone _____

Parent/guardian Occupation _____

Place of Employment _____ Telephone _____

Parent/guardian Occupation _____

Place Employment _____ Telephone _____

Names and ages of brothers and sisters

<u>Name</u>	<u>Age</u>	<u>Sex</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional information which will help the teacher work effectively with your child: _____

Would Parent or Guardian like to serve on the Nursery School Board? _____ Yes _____ No

Return this form with a \$50 non-refundable registration fee to:

**Lakeside Presbyterian Nursery School
4430 McCulloch Street Duluth, MN 55804**

Tuition: \$190.00 - 3 days/week (A.M.) \$120.00 - 2 days/week (P.M.) every 4 week period
\$310.00 – Both Programs* This does not include lunch fee (\$5.00 per day)

***Children attending the AM & PM program must be at least 4 on or by 9/1 or attended the previous year**

CUSTODY OF CHILD List adults who **ARE NOT** AUTHORIZED TO PICK UP YOUR CHILD AT SCHOOL (if any):

Name Address Phone

LIST THOSE WHO ARE AUTHORIZED:

Name Address Phone

Name Address Phone