

Student's Name: _____

A registration fee of \$55, must accompany this registration form in order to be processed. The fee is NON-REFUNDABLE and checks should be written to:

Shiloh Lutheran Nursery School

Please note below your 1st, 2nd and 3rd choice of class session for your child: If a class session is not filled, the Director has discretion to combine the classes and close a class session.

(1) next to 1st choice (2) next to 2nd choice (3) next to 3rd choice

2 DAY -- 2 YEAR OLD CLASS		<i>*(must be 2 by 9/30)</i>
	Monday/Wednesday 9:00 AM-10:30 AM	
	Monday/Wednesday 10:45 AM-12:15 PM	
	Tuesday/Thursday 9:00 AM -10:30 AM	
	Tuesday/Thursday 10:45 AM- 12:15 PM	
2 DAY -- 3 YEAR OLD CLASS		<i>*(must be 3 by 9/30)</i>
	Monday/Wednesday 9:00 AM -11:30 AM	
	Monday/Wednesday 12:00 PM-2:30 PM	
	Tuesday/Thursday 9:00 AM -11:30 AM	
3 DAY -- 4 YEAR OLD CLASS		<i>*(must be 4 by 9/30)</i>
	Monday /Wednesday / Friday 9:00 AM -11:30 AM	
	Monday/Wednesday / Friday 12:00 PM -2:30 PM	
	Tuesday/Thursday/ Friday 9:00 AM -11:30 AM	
5 DAY -- PRE-K CLASS		<i>*(must turn 5 by 10/31)</i>
	Monday through Friday 9:00-11:30 AM	
*ALL AGE REQUIREMENTS AND ACADEMIC READINESS ARE SUBJECT TO APPROVAL BY DIRECTOR		

PLEASE MAKE NOTE THAT SEPTEMBER'S TUITION IS DUE AT ORIENTATION IN AUGUST.

PLEASE MAKE CHECKS PAYABLE TO:

SHILOH LUTHERAN NURSERY SCHOOL WRITE IN THE MEMO SECTION OF YOUR CHECK, PLEASE NOTE YOUR CHILD'S NAME AND WHETHER THIS IS FOR A 2, 3, 4, OR PRE-K YEAR OLD CLASS PLACEMENT.

I UNDERSTAND THAT FAILURE TO MAKE MY FIRST PAYMENT BY ORIENTATION COULD RESULT IN THE CANCELLATION OF MY CHILD'S ENROLLMENT. I ALSO AGREE TO GIVE 2 WEEKS NOTICE IF I NEED TO WITHDRAW MY CHILD AT ANYTIME DURING THE SCHOOL YEAR OR BE SUBJECT TO A FEE.

PRINT- Parent(s) Name

Signature - Parent(s) Name

Date

For Office Use Only:

Cash _____ Check # _____ Date Rec'd: _____

Class Session Assigned & Date: _____
