ST. PAUL'S NURSERY SCHOOL

Application for School Year 2024/2025

Registration

Child's First & Last Name		Birthday				
Parent's Name (First & Last)						
Parent's Name (First & Last)						
Address	City		Zip C	ode		
Email						
Parent's Name & Home Phone		Cell				
Parent's Name & Home Phone		Cell				
Person (if any) outside the family wh	no cares for the child regularly (while paren	t works, etc)				
Name	Phone Rel	ation to chi	ild			
Other children in family: Name	2	Age _				
Name	·	Age _				
Name	·	Age _				
Church Affiliation (if any)		-				
Signature	Date	-				
Enrollment Options		BEFORE CARE: 8–9 am				
_	ation Fee is due with this application events, classroom guests, and a T-shirt. Du able for \$8.00 per day	AFTER Mon.	Tue.	Wed.	Thu. 30 pm Thu.	Fri.
Tuition	chool year or monthly. Monthly payments are of \$20 is charged. 205 per month 230 per month 4 Full Days	a week \$4 a week \$4	10 per 60 per	mont	:h :h	th.

Please make all checks payable to St. Paul's Nursery School. Mail to: 1361 W. Market St., Akron, OH, 44313

Tuition is non-refundable, unless the child is withdrawn at request of St. Paul's Nursery School.

I do ____ I do not ____ want my name, address and phone number in the Nursery School Directory.