

Lakewood Presbyterian Church
NURSERY SCHOOL
2020-2021 REGISTRATION FORM

Child's Name: _____

What name would you like your child to be called? _____

Child's Birth Date: _____

Mother's Name: _____

Father's Name: _____

Address: _____

City: _____ Zip: _____

Email _____

Phone: _____

Please mark an "X" beside your class choice:

_____ Three Year Old Class _____ Morning Pre-K _____ PM Kindergarten Readiness

I understand that by completing this registration form I am stating my intent to enroll my child at Lakewood Presbyterian Nursery School. I understand that the \$65 registration fee will only hold my spot until July 1st when the supply fee and first tuition payment are due. **If tuition is not received by July 1, 2020 a spot will not be held for my child.**

If, for any reason, my child will not be attending LPCNS in September of 2020, I understand that I must inform the school in writing, or by speaking to the director, on or before July 1, 2020. **If I do not withdraw my child on or before July 1, 2020, I understand that I will be held responsible for payment of the first two months tuition.**

Parent Signature: _____ Date: _____

Please return completed forms with \$65.00, per family, non-refundable registration fee payable to

Lakewood Presbyterian Nursery School
Lauren Fegely
14502 Detroit Ave.
Lakewood, OH 44107

Office use only:

Date Rcvd: _____ Check #: _____

