

Lakewood Presbyterian Church
NURSERY SCHOOL
2024-2025 REGISTRATION FORM

Child's Name: _____

Child's Birth Date: _____

Parent(s) Name(s): _____

Address: _____

City: _____ Zip: _____

Email(s): _____

Phone #(s): _____

Please mark an "X" beside your class choice:

_____ 3-Year Old Class _____ AM Pre-K (4-year olds) _____ PM Pre-K (4.5-5.5- year olds)

Please mark an "X" beside your child's t-shirt size:

_____ 3T _____ 4T _____ Youth XS (4/5)

I understand that by completing this registration form I am stating my intent to enroll my child at Lakewood Presbyterian Church Nursery School. I understand that the \$100 registration fee will only hold my spot until August 1st when the supply fee and first tuition payment are due. **If tuition is not received by August 1, 2024 a spot will not be held for my child.**

If, for any reason, my child will not be attending LPCNS in September of 2024, I understand that I must inform the school in writing, or by speaking to the director, on or before August 1, 2024. **If I do not withdraw my child on or before August 1, 2024, I understand that I will be held responsible for payment of the first two months' tuition.**

Parent Signature: _____ Date: _____

Please return completed forms with \$100 (first child) and \$10 (for each additional child), non-refundable registration fee payable to: Lakewood Presbyterian Church Nursery School (LPCNS).

Lauren Delia
14502 Detroit Ave.
Lakewood, OH 44107
.....

Office use only:

Date Rcvd: _____ Check #: _____