Lakewood Presbyterian Church NURSERY SCHOOL 2023-2024 REGISTRATION FORM

Child's Name:	
Child's Birth Date:	
Address:	
City:	Zip:
Phone #(s):	
Please mark an "X" beside your class c	hoice:
3-Year Old Class AM I	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 X	KS (%)
Lakewood Presbyterian Church Nurse	egistration form I am stating my intent to enroll my child at try School. I understand that the \$100 registration fee will en the supply fee and first tuition payment are due. If tuition bot will not be held for my child.
must inform the school in writing, or b	attending LPCNS in September of 2023, I understand that I by speaking to the director, on or before August 1, 2023. If I efore August 1, 2023, I understand that I will be held wo months' tuition.
Parent Signature:	Date:
-	00 (first child) and \$10 (for each additional child), to: Lakewood Presbyterian Church Nursery School
Lauren Delia	
14502 Detroit Ave.	
Lakewood, OH 44107	
Office use only:	
Date Rcvd:	Check #: