



Cherubs' Nest Preschool and Kindergarten

at Athens Wesleyan Church

Where Faith and Learning Go Hand in Hand

3903 Wilawana Road, Sayre, PA 18840

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cherubsnestpreschool@gmail.com

REGISTRATION AND AGREEMENT FORM

PLEASE PRINT:

Date of Application: _____ Anticipated Date of Entry: _____

Child's Name: _____

Date of Birth ____/____/____

Female____ Male____

Parent/s Name _____

Email address: _____

Full Home Address: _____

Cell Phone #: _____ Home Phone #: _____

PROGRAM DESIRED:

_____ Preschool (for children 3-4 years old) 2 mornings/week

_____ Pre-Kindergarten (for children 4-5 years old) _____ 3 mornings/week _____ 5 mornings/week

_____ Half-day Kindergarten (for children 5-6 years old) 5 mornings/week

FEES/RATES:

Payable on a **monthly** basis (9 months total for each class), unless so noted by the Director.

Preschool monthly fee 2-day Preschool-- \$105 (\$945/year); 3-day Pre-K-- \$155 (\$1,395/year); 5-day Pre-K -- \$230 (\$2,070/year); Kindergarten-- \$260 (\$2,340/year; plus a one-time curriculum fee of \$150)

Late child pick-up: No penalty is imposed the first time.

Late payment fee: \$10 late fee assessed after 15 days.

Returned Check Fee: \$30

PAYMENT:

A regular and predictable payment schedule is necessary to ensure adequate staffing and maintain a balanced budget. Payment is expected regardless of holidays, illness, snow, etc. There are no exceptions. Payment is due the 1st of the month. If a problem develops, please speak with the Director rather than have the account fall into arrears. Our staff salaries and budget are dependent on timely payments.

Fee of \$_____ per month will be paid by _____ (person writing the check). Please attach a \$30 non-refundable registration fee with this form. Families enrolling for kindergarten can include the \$150 curriculum fee now or before July 1st. **Make checks payable to "CNPK".**

I have read and understand the information noted above and as outlined in the Cherubs' Nest brochure. By signing this document, I agree to the terms set by Cherubs' Nest Preschool and Kindergarten of Athens Wesleyan Church.

Signature Parent/Guardian Date Signature of CNPK Director

Emergency Contact/Parental Consent Form

PLEASE PRINT:

Child's Name: _____ Date of birth ___/___/___

Full Address: _____

Phone # (_____) _____

Mother's name/Legal guardian: _____

Home Phone: _____

Address (IF DIFFERENT THAN ABOVE): _____

Place of Employment: _____

Work Address: _____

Work Phone: _____

Father's name/Legal guardian: _____

Home Phone: _____

Address (IF DIFFERENT THAN ABOVE): _____

Place of Employment: _____

Work Address: _____

Work Phone: _____

Emergency Contact Persons (other than parents):

Name: _____ Relationship: _____

Address: _____

Phone during preschool hours: (_____) _____

Persons to whom child **MAY** be released:

Name: _____ Relationship: _____

Address: _____

Phone during preschool hours: (_____) _____

Name: _____ Relationship: _____

Address: _____

Phone during preschool hours: (_____) _____

Persons to whom child **MAY NOT** be released:

Name: _____ Relationship: _____

Address: _____

Name: _____ Relationship: _____

Address: _____

Medical Information: (be as specific as possible):

Child's Name: _____

Special disabilities: _____

Allergies: _____

Medications used:

Dietary/physical restrictions: _____

Parental authorizations:

(Signature below gives authorization for each item checked for approval)

____ Obtaining emergency medical care

____ Administering minor first aid

____ Taking child on walks on church grounds (Permission for field trips will be requested per event.)

____ Use of photos of child for displays/promotional efforts

____ Sign a hospital release form in the event of hospital treatment

Signature of Parent/Guardian _____ Date: __/__/__

Signature of Cherubs' Nest Director _____ Date: __/__/__

How did you hear about *Cherubs' Nest Preschool and Kindergarten*? (brochure, friend, etc.) _____