

WEEKDAY NURSERY SCHOOL
Morrisville Presbyterian Church
P.O. Box 955, Morrisville, PA 19067-0955
www.mpcweekdaynurseryschool.com

Dear Parents,

Thank you for your interest in our school. Enclosed is an application for you to complete in order for your child's name to be placed on the class list for the 2017-2018 school year. Please return this application, plus the registration fee, to the Enrollment Secretary at the address listed above. If you wish to put your child's name on our waiting list, please return only the application.

We hope this letter will answer a few questions you may have concerning the school. The Weekday Nursery School is licensed by the State of Pennsylvania. Each class has a certified teacher. We are non-sectarian with a Christian atmosphere, interested in the complete development of the child--- socially, intellectually, emotionally and physically.

A tuition and fee schedule is also enclosed. Tuition is paid in quarterly payments: September, November, January, and March. The school year is from mid-September to the end of May, and class times are from 9:15 a.m. to 11:45 a.m. or from 12:45 p.m. to 3:15 p.m..

The school offers the following classes:

- 4 year olds (age 4 by September 1, 2017)
 - 5 mornings per week
 - 4 mornings per week (Monday, Tuesday, Wednesday, Thursday)
 - 3 mornings per week (Monday, Tuesday, Wednesday)
 - 3 afternoons per week (Tuesday, Wednesday, Thursday)
- 3 year olds (age 3 by September 1, 2017)
 - 2 mornings per week (Thursday, Friday)
 - 2 afternoons per week (Wednesday, Thursday)
 - 3 mornings per week (Wednesday, Thursday, Friday)
 - 3 afternoons per week (Tuesday, Wednesday, Thursday)
- Half-Pint Class (age 2 years and 7 months by September 30, 2017, DOB on/before Feb. 28, 2014)
 - 1 morning per week (Monday session or Tuesday session)

Parents must make arrangements for their child's transportation. A class list is provided to help form carpools.

A registration fee of \$50.00 is due upon the return of the enclosed application. Make all checks payable to Weekday Nursery School. **This fee is NON-REFUNDABLE.** Please return the completed application to the Enrollment Secretary. If you are putting your child's name on the waiting list, no money is due until an opening becomes available.

If you have any further questions, please call me at 215-356-3525. We also invite you to visit our website at: mpcweekdaynurseryschool.com for more information.

Sincerely,

Joanie Layden
Enrollment Secretary

Weekday Nursery School Tuition and Fee Schedule 2017-2018 School Year

| Class | Tuition | Quarterly Payment (**after \$100 tuition deposit is paid) |
|-------------------------------|-------------|--|
| <i>4 year olds attending:</i> | | |
| 5 days per week | \$3188/year | \$772/quarter |
| 4 days per week | \$2573/year | \$618/quarter |
| 3 days per week | \$2108/year | \$502/quarter |

3 year olds attending:

| | | |
|-----------------|-------------|---------------|
| 3 days per week | \$2324/year | \$556/quarter |
| 2 days per week | \$1594/year | \$374/quarter |

Half-Pints (2 years and 7 months old) attending:

| | | |
|----------------|------------|---------------|
| 1 day per week | \$996/year | \$224/quarter |
|----------------|------------|---------------|

Tuition is paid in 4 quarterly payments: September 15, November 15, January 15, and March 15

Other fees:

- \$50.00 **non-refundable** registration fee
- **\$100.00 **non-refundable** deposit, applied toward annual tuition, due June 1 (or with the application for summer enrollments). Acceptance of this deposit confirms your child's place on the class roster.

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mpcweekdaynurseryschool.com

Mail to:
P.O. Box 955
Morrisville, PA 19067

STUDENT APPLICATION (please complete both sides)

Class (please check one)

4 year olds: 3 days AM _____ PM _____ 4 days AM _____ 5 days AM _____

3 year olds: 2 days AM _____ PM _____ 3 days AM _____ PM _____

Half-Pints: Monday AM _____ Tuesday AM _____

Child's Name _____ Nickname _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Sex _____

Home Phone _____ E-Mail Address _____

Previous school experience _____

HOME BACKGROUND

Parent/Guardian's Name _____ Cell Phone _____

Business Address _____ Phone _____

Occupation/Former Occupation/Special Training _____

Parent/Guardian's Name _____ Cell Phone _____

Business Address _____ Phone _____

Occupation/Former Occupation/Special Training _____

Do both parents now live with this child? _____

Is either parent a member of the Morrisville Presbyterian Church? _____

Does this child have any allergies (please list) _____

Are there any foods that disagree with him/her? _____

In case of an emergency when we cannot reach you, whom shall we contact?

Name _____ Phone _____

Other members of household

Name _____ Age _____ Relation to Child _____

Is Child adopted? _____ If yes, at what age? _____

How does child get along with playmates? _____

Does he/she dress themselves? _____

Is he/she toilet trained? _____ CHILD MUST BE TOILET TRAINED BY THE START OF SCHOOL (EXCEPTION IS HALF-PINT CLASS ONLY)

How was Weekday Nursery School brought to your attention? _____

The Weekday Nursery School provides a class list to parents in the beginning of the school year. If you wish your child's name to be omitted please check _____.

Please add any other information, which may help the teacher to better understand your child below.

IMPORTANT:

Photo Release- I, _____ (parent/guardian signature),
Give - Do Not Give(circle one) permission to Weekday Nursery School to release for publicity my child's photograph taken in a school-sponsored activity. Names will not be used.

Medical Release-In the event of an emergency, it may become necessary for us to transport (via ambulance) a child to the nearest hospital for treatment while participating in any school sponsored program or activity. The doctors in the emergency room cannot examine or give treatment to a child without general information about the child and the written approval of the parent/guardian. We ask that you complete and sign below giving us the authority to have your child taken care of at the nearest hospital in the event of an emergency situation when and **only when you cannot be contacted.**

I, _____ (parent/guardian signature),
Give - Do Not Give (circle one) Weekday Nursery School the authority to have my child treated in a hospital emergency room in the event I cannot be reached.

Date above releases signed _____

ANY QUESTIONS? CALL 215-356-3525
OR VISIT OUR WEBSITE AT mpcweekdaynurseryschool.com