

St. Andrew's Nursery School

4 or 5 year old

3900 Freemansburg Avenue
Easton, Pennsylvania 18045-5519
(610) 252-2258
www.standrewspalmer.org

To register your 4 or 5 year old child for the 2024-2025 school year, please do the following:

Please mail, or drop in the locking mailbox at Hope House (church office), the completed registration form (both sides) along with a \$50 non-refundable registration fee by check or money order made **payable** to St. Andrew's Nursery School and please include a copy of your child's Birth Certificate (if not already on file) as well as a copy of your child's vaccination record or letter of exemption (if not already on file)

Mail to: Elizabeth Campbell, SANS
3900 Freemansburg Avenue
Easton, PA 18045

For information call (610) 252-2258
Email: NurserySchool@StAndrewsPalmer.org

- **Eligibility:** 4 year old students must turn 4 by their district cut-off date and be toilet trained
- **Immunizations:** We expect that all children be in the process of being immunized according to your physician's recommendations. Although no vaccinations are required for attendance, we require a copy of each student's vaccination record or letter of exemption to keep on file.
- If eligible for more than one class, please indicate your **1st and 2nd choice** on the bottom of the registration form before mailing.
- **Confirmations** will be emailed within 2 weeks, upon receipt of registration form.
- Classes will be filled on a first come / first serve basis

Nursery School Class Descriptions are on the back

- **4 year old class** – available 1 to 5 days per week
 - Maximum enrollment – 20 students / day

Tuition for 2024-2025 School Year

Tuition for 1-day per week - \$210 a trimester (\$70/month)
Tuition for 2-days per week - \$420 a trimester (\$140/month)
Tuition for 3-days per week - \$630 a trimester (\$210/month)
Tuition for 4-days per week - \$840 a trimester (\$280/month)
Tuition for 5-days per week - \$1,050 a trimester (\$350/month)

Payment Options:

Trimester Payments are due on/before August 1, November 1, and February 1
Monthly Payments are due on/before the first of the month from August to April

Discount: If two or more siblings are enrolled, the cost for the second child will be discounted by 25%

St. Andrew's Nursery School

4 Year Old Class Options

We have 2 class options for your 4 year old child.
Plus an additional afternoon class available to morning or afternoon classes.

1. Available 1 – 5 Days a Week (morning): 9:00 AM – 11:30 AM.

These classes will focus on play-based academics, including those recommended for children heading to kindergarten. We strive to prepare them for this transition both academically and socially/emotionally. As always, our classes also focus on art, music, fine/gross motors skills and fun!

The teachers at St. Andrew's are committed to giving your child a preschool experience that builds him/her up as a person, as well as a student. We use the Curriculum Standards provided by the Pennsylvania Department of Education to guide us as we design and implement the curriculum.

If you have any questions, please do not hesitate to call the Nursery School.

NOTE: Class sizes and scheduling may change due to Covid19 guidelines.

St. Andrew's Nursery School

2024-2025 REGISTRATION FORM

4 or 4/5 year old Classes

REQUIRED: A copy of your child's Birth Certificate (if not already on file), a non-refundable fee of \$50 and a copy of your child's vaccination record or letter of exemption (if not already on file)

Mail to:

Elizabeth Campbell, SANS
3900 Freemansburg Avenue
Easton, PA 18045

For information call (610) 252-2258

Email: NurserySchool@StAndrewsPalmer.org

NAME OF CHILD _____

ADDRESS _____ BIRTHDATE _____

city

state

zip

school district

(sex: m f)

Parent Cell # _____

Parent Cell # _____

First contact

Second Contact

Name _____

Name _____

first

last

first

last

Email _____

Email _____

Occupation _____ Occupation _____

ADDITIONAL EMERGENCY CONTACTS WILL BE REQUESTED AT A LATER DATE.

NAMES OF SIBLINGS AND AGES: BROTHERS _____

SISTERS _____

LANGUAGE SPOKE AT HOME _____ RELIGION _____

ALLERGIES (Epi-Pen needed YES or NO) _____

Please indicate desired choice for 4/5 year old classes

must be 4 by district's cut off date

available 1 – 5 days /week of your choice (9:00-11:30am)

_____ school use only _____ BC _____ VR

OVER PLEASE 

HOW DID YOU HEAR ABOUT ST. ANDREW'S NURSERY SCHOOL? DRIVING BY _____ WEBSITE _____

PERSONAL REFERRAL (IF SO, WHO?)/ OTHER _____

HAS YOUR CHILD HAD ANY PREVIOUS NURSERY SCHOOL EXPERIENCE? (please describe)

HAS YOUR CHILD HAD SERVICES THROUGH EARLY INTERVENTION, COLONIAL IU20 or PRIVATE AGENCY? EXAMPLES: Speech, Occupational or Physical Therapy, PLEASE DESCRIBE:

ARE THERE ANY SPECIAL CONDITIONS ABOUT WHICH YOU FEEL THE TEACHER SHOULD KNOW? (include any health or family matters)

PHYSICIAN _____ PHONE _____

EMERGENCY/HOSPITAL CONSENT AND CONTACT FORM

In the event that my child is injured or ill, I understand that the teacher will attempt to contact me, the other parent, or the legal guardian.

In the event that I, the other parent, or the legal guardian are not available, I give my permission to the teachers to provide first aid for my child and to take the appropriate measures including contacting emergency medical services (EMS) system and arranging for transportation to _____ Hospital or the nearest emergency medical facility. At no time will the teachers drive an ill or injured child to an emergency medical facility.

Parent's Signature _____ Date _____

Wavier/Photograph Release

I authorize St. Andrew's Nursery School to use photos, and/or other likeness' (which may be identified by name) of myself, and /or my child or the child for whom I have legal guardianship. I understand that these may be used for any promotional materials regarding St. Andrew's Nursery School programs, field trips or events. Such likenesses may be distributed to the public (in newspapers, pamphlets, brochures, etc. or on flyers and posters) and posted on websites. St. Andrew's Nursery School reserves the right to use any photo or likeness for a time period beginning when this form is signed and ending upon written request of participant, parent, or legal guardian.

Please Circle Yes or No Below

Student Yes or No

Parent1 Yes or No

Parent2 Yes or No

Siblings Yes or No

Parent's Signature: _____ Date: _____