

# St. Andrew's Nursery School

a ministry of St. Andrew's Church

## 2025/2026 Registration

**A copy of your child's birth certificate (if not already on file), a non-refundable \$50 Registration Fee, and a copy of your child's updated vaccination record, is required for registration. Please note that St. Andrew's Nursery School does not accept unvaccinated children.**

**Mail to:** Elizabeth Campbell, Director  
St. Andrew's Nursery School  
3900 Freemansburg Avenue  
Easton, PA 18045

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

**Child's Full Name:** \_\_\_\_\_

Does your child go by a nickname? If so, what? \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Full Mailing Address: \_\_\_\_\_

School District: \_\_\_\_\_

### Parent/Guardian Contact Information

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Daytime/Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer and Occupation: \_\_\_\_\_

### Parent/Guardian Contact Information

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Daytime/Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer and Occupation: \_\_\_\_\_

*\*Additional emergency contacts will be requested at a later date.*

Names and ages of siblings: \_\_\_\_\_

Languages Spoken at Home: \_\_\_\_\_

Religion: \_\_\_\_\_

Has your child had any previous organized group or school experience? If so, please describe.

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Has your child received services through early intervention (Colonial IU or a private agency)?  
Examples: Speech, Occupational Therapy, Physical Therapy. Please describe:

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Will services be needed during school hours?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Is there anything additional that you feel we should know? Please include any health or family matters. *(You will be asked to complete a form about your child's personality, fears, etc. in the fall.)*

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Are there any legal or custodial issues the school should be aware of/prepared for? Please describe.

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How did you first hear about St. Andrew's Nursery School?

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If through a personal referral, who told you about us? \_\_\_\_\_

## **Emergency Medical Information**

In the event that my child is injured or ill, I understand that St. Andrew's Nursery School 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.

In emergency situations, I give St. Andrew's Nursery School permission to call 9-1-1 and arrange for transportation to \_\_\_\_\_ Hospital or the nearest emergency medical facility.

At no time will St. Andrew's staff drive an ill or injured child to an emergency medical facility.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Provider Contact Information and Insurance**

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company Name: \_\_\_\_\_

Group Number: \_\_\_\_\_ Member Name & ID: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dental Insurance Company Name: \_\_\_\_\_

Group Number: \_\_\_\_\_ Member Name & ID: \_\_\_\_\_

## **Allergies**

All known allergies: \_\_\_\_\_

Is an Epi-Pen needed? \_\_\_\_\_ If yes, we will **require an Epi-Pen be kept onsite.**

## **Additional Medical Information**

Any additional information that we, or medical personnel, may need in the event of an emergency.

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**Waiver/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 the period beginning when this form is signed and ending upon written request of participant, parent or legal guardian.

**Student:** Yes or No      **Parent:** Yes or No      **Siblings:** Yes or No  
*Please indicate preference above by circling “Yes” or “No”.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photography for Classroom Use**

St. Andrew’s Nursery School further reserves the right to take photos of all enrolled children for use in the classroom. By signing below, you acknowledge that your child’s picture MAY BE USED within the classroom and for arts and crafts that are produced to be sent home. We ask that all families agree to have pictures taken for this purpose, regardless of the above release.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Requested Days and Availability**

Classes will be formed based on individual student availability. We ask that you indicate below the number of days requested, the days that your child is available each week, and your availability to bring your child in the morning or afternoon. For continuity purposes, please note that split schedules (some mornings and some afternoons) are not available.

**Age (as of Sept. 2, 2025):**      \_\_\_\_\_ **2-Year-Old**      \_\_\_\_\_ **3-Year-Old**      \_\_\_\_\_ **4-Year-Old**

**Requested number of days per week:** \_\_\_\_\_  
*(minimum 2 days/week in 2-Year-Old Class; minimum 3 days/week in Preschool Class)*

Will your child be AVAILABLE to attend in the **morning**? \_\_\_\_\_ (yes or no)  
Will your child be AVAILABLE to attend in the **afternoon**? \_\_\_\_\_ (yes or no)

Will your child be available for class on **Mondays**? \_\_\_\_\_ (yes or no)  
Will your child be available for class on **Tuesdays**? \_\_\_\_\_ (yes or no)  
Will your child be available for class on **Wednesdays**? \_\_\_\_\_ (yes or no)  
Will your child be available for class on **Thursdays**? \_\_\_\_\_ (yes or no)  
Will your child be available for class on **Fridays**? \_\_\_\_\_ (yes or no)