St. Andrew's Nursery School
a ministry of St. Andrew's Lutheran Church

2026/2027 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.

_____

_____

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

_____

_____

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.)*

_____

_____

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

_____

_____

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

_____

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.

_____

_____

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. 8, 2026): _____ **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)