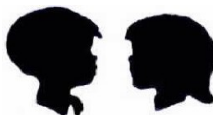


School District _____ Elementary School _____

Please fill out



Chum Nursery School
9610 Barnes Lake Road
North Huntingdon, PA 15642

For Chum use only.

Allergies _____

BC _____

Received _____ - _____ - _____

Check # _____

Phone # - (724) 863-2469 Email- chumnurserieschool@yahoo.com Website chumnurserieschool.com

Please return with **\$50 nonrefundable registration fee, \$75 Curriculum fee & September Tuition**

Legal Name (on Birth Certificate) _____ Male _____ Female _____

Birth Date _____ - _____ - _____ Age _____

****Food Allergies**** _____

Mother's Name _____ Father's Name _____

Brothers and Sisters (names/ages) _____

Home Address - Street _____

City _____ State _____ Zip Code _____

Home Phone _____ - _____ - _____ Mom's Cell _____ - _____ - _____ Dad's Cell _____ - _____ - _____

Father's Employer _____ Work Phone _____ - _____ - _____

Mother's Employer _____ Work Phone _____ - _____ - _____

Email _____ (please print clearly)

CHUM Nursery School is committed to providing an inclusive and welcoming environment for all children and families. We do not discriminate on the basis of race, color, or national or ethnic origin in the administration of our educational policies, admissions policies, and other school-administered programs.

_____ **4 Year Old AM** - Three Day Class - Monday-Wednesday-Friday (9:00 - 11:30 AM) **\$230 monthly**

_____ **4 Year Old PM** - Three Day Class - Monday-Wednesday-Friday (12:15 - 2:45 PM) **\$230 monthly**

_____ **3 Year Old AM** - Two Day Class - Tuesday & Thursday (9:00 - 11:30 AM) **\$200 monthly**

_____ **3 Year Old PM** - Two Day Class - Tuesday & Thursday (12:15 - 2:45 PM) **\$200 monthly**

In case of emergency, when parents can't be reached. (Someone who lives close to the school).

Name _____ (please tell us relationship to your child)

Address: Street- _____

City _____ State _____ Zip Code _____

Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____

In registering my child, I hereby release Chum Nursery School to take appropriate action.

(Example: Call ambulance, hospital, doctor, etc.) in case of emergency involving my child.

Doctors Name and Phone # _____

Signature of Parent or Guardian _____ Date _____ - _____ - _____