

Parents Please Fill Out:

School District

Elementary School



For CHUM Use Only:

Allergies

BC

NP

Received: _____ / _____ / _____

Check #: _____

CHUM Nursery School Registration

9610 Barnes Lake Road

North Huntingdon, PA 15642

(724) 863-2469 * chumnurseryschool@yahoo.com * chumnurseryschool.com

**PLEASE RETURN WITH: \$50 Non-refundable Registration Fee, \$75 Curriculum Fee, & September Tuition
(ONE CHECK FOR ALL)**

CHILD INFORMATION:

Legal Name (birth certificate): _____

Birth Date: _____ - _____ - _____ Age: _____ Male Female

****Food Allergies:** _____ **N/A**

PARENT/FAMILY INFORMATION:

Mother's Name: _____ Father's Name: _____

Brothers & Sisters (Names/Ages): _____

ADDRESS & CONTACT INFORMATION:

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Mother's Employer: _____

Cell #: _____ - _____ - _____ Work Phone: _____ - _____ - _____

Father's Employer: _____

Cell #: _____ - _____ - _____ Work Phone: _____ - _____ - _____

CLASS SELECTION (CHECK ONE)

4 Year Old AM - Three Day Class (Mon./Wed./Fri.) - 9:00-11:30 AM – **\$240 per month**

4 Year Old PM - Three Day Class (Mon./Wed./Fri.) - 12:15-2:45 PM – **\$240 per month**

3 Year Old AM - Two Day Class (Tues.Thurs.) - 9:00-11:30 AM – **\$210 per month**

3 Year Old PM - Two Day Class (Tues.Thurs.) - 12:15-2:45 PM – **\$210 per month**

In case of EMERGENCY, when parents can't be reached: (someone who lives close to the school)

Name: _____ Relationship to your child: _____

Cell #: _____ - _____ - _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

MEDICAL & PERMISSION:

Doctor's Name: _____ Phone #: _____ - _____ - _____

I authorize CHUM Nursery School to take appropriate emergency action if parents cannot be reached (ex. call ambulance, hospital, doctor).

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____