

**ST. TIMOTHY LUTHERAN CHURCH NURSERY SCHOOL
2024-25 REGISTRATION FORM**

To register your child for the 2024-25 school year, please complete this form. A non-refundable registration fee of \$40 per family is due with this form in order to reserve a place for your child. The May 2025 tuition payment for the class checked below and the student information form, medical form and release form are due by May 16, 2024. St. Timothy Nursery School cannot reserve a place in a class for your child beyond this date until the May 2025 payment has been received, provided there is still an available opening.

Please make checks payable to St. Timothy Lutheran Church, and send the completed form and payment to St. Timothy Lutheran Church, 4200 Carlisle Pike, Camp Hill, PA 17011. If you have any questions, please contact Becky Tartline at rtartline@verizon.net or 717-418-0676. Thank you!

1. **Non-refundable Registration Fee of \$40 per family (due with this form):** _____
(Write 0 if you have already paid this for another child).

2. **May 2025 Tuition Payment** – (You may make this payment along with your registration fee, or you may wait to make this payment. It is due **NO LATER than 5/16/24 to hold your child’s spot in the class**). Please circle class below: _____
 - Little Lambs (2 ½ year old class-Tues./Thurs., 10:00 AM-12:00 PM-\$125/month)-
children must be born on or before 2/3/22 to enroll in this class.
 - Panda Bears (3-year-old class – Tues./Thurs., 9:15-11:45 AM - \$130/month)
 - Teddy Bears (3-year-old class – Mon./Wed./Fri., 9:15-11:45 AM - \$155/month)
 - Lively Lions (4-year-old class – Mon. - Thurs., 9:45 AM -12:15 PM - \$170/month)

3. **10% Sibling Discount** - subtract 10% from the monthly payment listed above if more than one child is attending nursery school: _____

4. **Total Due:** _____

Name of child

Male/Female

Child’s date of birth

Child’s age as of 9/1/24

Mother’s Name

Cell Phone

Mother’s Email

Mother’s Work Phone

Father’s Name

Cell Phone

Father’s Email

Father’s Work Phone

Address (Street address, City, State and Zip Code)

Signature

Date

Date Payment Received: _____

Amount: _____ Check Number: _____