**Reisterstown United Methodist Nursery School**

**Registration Form 2020-2021**

PLEASE PRINT CLEARLY

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to the child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to the child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With whom does the child live? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Language Spoken in the home? (to help us with communication) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/food concerns \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrolling for:

\_\_\_\_\_\_\_\_\_\_\_\_\_ 2 Year Old Half Day Program: (9:00 am – 12:00 pm: Monday – Friday) $350 per month

\_\_\_\_\_\_\_\_\_\_\_\_ Preschool Half Day Program: (9:00 am – 12:00 pm: Monday thru Friday) $310 per month

\_\_\_\_\_\_\_\_\_\_\_\_ Full Day Program: (8:00 – 5:00 pm: Monday thru Friday) $750 per month

2’s must be 2 years old before 9/1/20

3’s must be 3 years old before 9/1/20 and potty trained

4’s must be 4 years old before 9/1/20 and potty trained

I give permission to include this information on a class roster sheet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(sign)

How did you hear about our program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please enclose $125 non-refundable Registration Fee made out to RUMNS with this form to:

Reisterstown United Methodist Nursery School

22 Clarks Lane, Reisterstown, MD 21136

Attention Lani Hoffmann

Questions? Contact Lani Hoffmann, Registrar, at 443-996-9375 or [rumns234@gmail.com](mailto:rumns234@gmail.com)

Reisterstown United Methodist Nursery School Formulario de inscripción 2020-2021

POR FAVOR IMPRIME CLARAMENTE

Nombre completo del niño: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre de usuario: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre del padre / tutor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relación con el niño: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Habla a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teléfono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dirección de correo electrónico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre del padre / tutor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relación con el niño: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Habla a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teléfono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dirección de correo electrónico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

¿Con quién vive el niño? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha de nacimiento del niño: \_\_\_\_\_\_\_\_\_\_\_\_\_

Idioma principal hablado en el hogar? (para ayudarnos con la comunicación) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alergias / preocupaciones alimentarias \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inscribirse para:

\_\_\_\_\_\_\_\_\_\_\_\_\_ Programa de medio día para 2 años: (9:00 am - 12:00 pm: lunes - viernes) $ 350 por mes

\_\_\_\_\_\_\_\_\_\_\_\_ Programa preescolar de medio día: (9:00 am - 12:00 pm: lunes a viernes) $ 310 por mes

\_\_\_\_\_\_\_\_\_\_\_\_ Programa de día completo: (8:00 - 5:00 pm: lunes a viernes) $ 750 por mes

Los 2 deben tener 2 años antes del 1/9/20

Los 3 deben tener 3 años antes del 1/9/20 y estar entrenados para ir al baño

Los 4 deben tener 4 años antes del 1/9/20 y estar entrenados para ir al baño

Doy permiso para incluir esta información en una hoja de lista de clase \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(firmar)

Como escuchaste sobre nuestro programa? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adjunte una tarifa de registro no reembolsable de $ 125 a RUMNS con este formulario para:

Reisterstown United Methodist Nursery School

22 Clarks Lane, Reisterstown, MD 21136

Atención Lani Hoffmann

Preguntas? Póngase en contacto con Lani Hoffmann, Registrador, al 443-996-9375 o rumns234@gmail.com