**Reisterstown United Methodist Nursery School**

**Registration Form 2021-2022 School Year**

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_ 2 Year Old Half Day Program: (9:00 am – 12:00 pm: Monday – Friday) $3,500 \*

\_\_\_\_\_\_\_\_\_\_\_\_ Preschool Half Day Program: (9:00 am – 12:00 pm: Monday thru Friday) $3,250 \*

\_\_\_\_\_\_\_\_\_\_\_\_ Full Day Program 3’s or 4’s: (7:30 – 5:30 pm: Monday thru Friday) $7,850\*

\_\_\_\_\_\_\_\_\_\_\_\_\_Full Day Program 2’s: (7:30 – 5:30 pm: Monday thru Friday) $8,000\*

2’s must be 2 years old before 9/1/21

3’s must be 3 years old before 9/1/21 and potty trained

4’s must be 4 years old before 9/1/21 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

 246 Main Street, Reisterstown, MD 21136

Attention Lani Hoffmann

**Please provide a copy of any IEP, IFSP, or other educational or behavior plan that you are using in conjunction with professionals with whom you are currently working.**

 **Please provide a copy of any custody agreements that affect the child’s daily schedule and living arrangements.**

\* tuition can be paid in full or in monthly, bi-monthly or weekly installments.

Questions? Contact Lani Hoffmann, Registrar, at 443-996-9375 or rumns234@gmail.com

**Reisterstown United Methodist Nursery School**

**Formulario de inscripción 2021-2022**

**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) $ 3,500\*

\_\_\_\_\_\_\_\_\_\_\_\_ Programa preescolar de medio día: (9:00 am - 12:00 pm: lunes a viernes) $ 3,250\*

\_\_\_\_\_\_\_\_\_\_\_\_ Programa de día completo: (8:00 - 5:00 pm: lunes a viernes) $ 7,850\*

Los 2 deben tener 2 años antes del 1/9/21

Los 3 deben tener 3 años antes del 1/9/21 y estar entrenados para ir al baño

Los 4 deben tener 4 años antes del 1/9/21 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

 246 Main Street, Reisterstown, MD 21136

 Atención Lani Hoffmann

\*la matrícula se puede pagar en cuotas completas o mensuales, quincenales o semanales.

Preguntas? Póngase en contacto con Lani Hoffmann, Registrador, al rumns234@gmail.com