



STUDENT REGISTRATION

Child's Name: _____	Date of Birth: _____
Home Phone: _____	Gender: _____
Address: _____	
City: _____	State: _____ Zip code: _____

Mother's Name (guardian): _____
Address: _____
Work Phone: _____ Cell Phone: _____
Email address: _____
Father's Name (guardian): _____
Address: _____
Work Phone: _____ Cell Phone: _____
Email address: _____

Child's Age: _____ (as of September 1st)
Class: ___ 4 year old (M, T, W, Th, F) ___ 3 year old (M, W, F) ___ 2 year old (M, W)
___ 4 year old (M, W, F) ___ 3 year old (T, Th) ___ 2 year old (T, Th)
___ 2 year old (F only)
Will you participate in our two mandatory fundraisers? Yes or No (circle)
<i>*Opt out decision must be made by September 1st and cannot be changed during the course of the school year. Opting out of mandatory fundraising will increase tuition by \$10/month.</i>

Registration Fee Paid: _____

Parent/Guardian(s) Signatures: _____

Date: _____

Please mail registration form and non-refundable registration fee (\$55 returning student/\$60 new student) to:
SEYCO Nursery School, PO Box 181, Stewartstown, PA 17363