

Application for Enrollment



You may mail your completed application to: **Jacob's Ladder Nursery School C/O Kimberly Roberts 1068 Chestnut Level Road Quarryville, PA 17566**. Applications will be processed in the order received. Once your application has been processed you will receive an e-mail confirmation explaining the next steps needed to complete your child's enrollment.

Financial Scholarship Applications are available upon request. Please call the school office at 717-548-1257 for more information.

Child's name: _____ Male or Female _____ Date of Birth: _____

Street Address _____ City _____

State _____ Zip Code _____ Parent's e-mail address: _____

Please print e-mail clearly. You will receive confirmation and other information via e-mail

Parent or Guardian Information:

Mother/Guardian's Name _____

Father/Guardian's Name _____

Phone #: _____

Phone #: _____

How did you hear about us? _____

Mark which one applies to you:

You are new to the school this year Your child was enrolled at JLNS last year You previously had a child enrolled JLNS

Classes offered: Please remember classes fill on a first come first serve basis and must meet the minimum enrollment requirements to operate a class. Class configuration may change according to enrollment. **Your child's spot is NOT saved until we receive your \$40 registration fee (\$20 per additional siblings)**

****Please pick a 1st and 2nd choice****

Pre-Kindergarten -- Children must be 4-years-old on or before Sept 30 th --	Young Explorers -- Children must be 3-years-old on or before Sept 30 th --	Precious Peewees -- Children must be 2-years-old on or before Sept 30 th --	Tiny Tykes -- Children must be 1-year-old on or before Sept 30 th --
AM Classes: 9:00am-11:30am ____ 5-day-class Mon to Fri ____ 3-day-class Mon, Wed, Fri ____ 2-day-class Tue & Thurs	AM Classes: 9:00am-11:30am ____ 3-day-class Mon, Wed, Fri ____ 2-day-class Wed & Fri ____ 2-day-class Tues & Thurs ____ 1-day-class upon request	AM Classes: 9:00am-11:30am ____ 2-day-class Tues & Thurs ____ 2-day-class Wed & Fri ____ 1-day-class Wednesday ____ 1-day-class Thursday	AM Classes: 9:00am-11:30am ____ 1-day-class Tuesday ____ 1-day-class Wednesday
PM Classes: 12:30pm-3:00pm **pick an AM class as second option** ____ 2-day-class Tue & Thurs			

Parent/Guardian Signature

Date

*****OFFICE USE ONLY*****

Date Application Received: _____

Registering Fee: _____ Check #: _____ or Cash

Personal Information sheet: _____ Emergency Contact form: _____ Permission Slip: _____ Medical form: _____

Confirmation Sent: 1st _____ 2nd _____

Personnel Initials: _____

