

APPLICATION FORM

Please check if you are a
St. Andrew's Church Member

ST. ANDREW'S NURSERY SCHOOL

2725 Egypt Road
Audubon, PA 19403

PRE-THREE YEAR-OLD CLASS (Child must be 2 years, 7 months by 9/1/26)

Date _____

Pre-3 Class (Tues. and Thurs. 9:00-11:30) \$293/MO

St. Andrew's Nursery School maintains the right to cancel/combine classes due to insufficient enrollment.
Teacher class assignments can be subject to change.

CHILD'S NAME _____ **BIRTHDATE** _____
(Last) (First Name desired on name tag) (Month/day/year)

Male ____ Female ____ **CHILD LIVES WITH:** Both Parents Mother Step-Mother Father Step-Father Grandparent Guardian

STREET ADDRESS _____ **TOWN** _____

STATE _____ **ZIP CODE** _____ **HOME PHONE** _____

FATHER/GUARDIAN _____ **OCCUPATION/**
(Last) (First) **FORMER OCCUPATION** _____

EMPLOYER _____ **WORK PHONE** _____

CELL PHONE _____ **E-MAIL** _____

MOTHER/GUARDIAN _____ **OCCUPATION/**
(Last) (First) **FORMER OCCUPATION** _____

EMPLOYER _____ **WORK PHONE** _____

CELL PHONE _____ - _____ **E-MAIL** _____

IF YOUR CHILD HAS ALLERGIES OR OTHER MEDICAL CONDITIONS, PLEASE LIST _____

NAMES & BIRTHDATES OF BROTHERS & SISTERS _____

PRIMARY LANGUAGE SPOKEN AT HOME _____

LANGUAGE(S) YOUR CHILD SPEAKS _____ **AND/OR UNDERSTANDS** _____

CHURCH MEMBERSHIP (NAME & ADDRESS, IF APPLICABLE) _____

NAME OF ANY NURSERY SCHOOL PREVIOUSLY ATTENDED _____

Special Notice Regarding the COVID-19 and Other Communicable Diseases; St. Andrew's Nursery School Health and Safety Plan; No Refunds Due to School Closure; Release of Liability:

- As we all know, COVID-19 and other communicable diseases have caused unprecedented disruptions to our community for nearly four years now. For the protection of our school community, we require all families to follow our Health and Safety Plan. We expect the pandemic will continue for some time to come, as no one knows when it will subside.

_____ (parent initials)

- I understand that should events beyond the control of the St. Andrew's Nursery School, including, but not limited to, any fire, act of God, hurricane, tornado, flood, extreme inclement weather, explosion, war, governmental action, act of terrorism, risk of infectious disease, epidemic, pandemic, shortage or disruption of necessary utilities, or any other event beyond the School's control, occur, the School has the discretion to close the School and/or modify its curriculum, schedules, length of school day, length of school year, and/or means of learning and teaching methods and use of distance learning. The Parent's financial obligations under this Contract remain in full force and effect. Should the School close, the School's duties and obligations under this Contract shall be suspended immediately without notice until such time as the School, in its sole and reasonable discretion, may safely reopen. If the School cannot reopen due to a force majeure event under this Paragraph, the School is under no obligation to refund any portion of tuition paid. However, the school board has the right to determine if and when any tuition reimbursement might occur.

_____ (parent initials)

- We will do our best to provide on ground, in person instruction during the terms of this Agreement. However, circumstances may force us to change plans due to the pandemic in order to protect the health and safety of our staff and students. Changes may include temporarily closing the school or other accommodations that we cannot predict at this time. If we must implement one of these plans, we will do our very best to provide as much notice as possible. Please understand that in light of the fixed nature of our costs, **the disruption of on-ground education will not be grounds for a refund of tuition or fees.** We appreciate your understanding.

_____ (parent initials)

- By signing this Enrollment Agreement, you acknowledge the risks of sending your child(ren) to our school with respect to the COVID-19 and other communicable diseases. While we use our best efforts to protect our community—and appreciate your cooperation in that regard—due to the nature of these illnesses, you acknowledge that the School cannot guarantee that your child(ren) will not be exposed. Consequently, you agree that the School will not have any liability in the event that your child(ren) or your family contracts COVID-19 and other communicable diseases as a result of an exposure at our School.

_____ (parent initials)

SIGNATURE OF PARENT(S)/LEGAL GUARDIAN _____

I (WE) WISH TO ENROLL MY (OUR) CHILD IN ST. ANDREW'S NURSERY SCHOOL FOR THE FULL TERM BEGINNING IN SEPTEMBER AND ENDING IN MAY. I (WE) AGREE TO THE TERMS AND REQUIREMENTS SET UP FOR THE SUCCESSFUL RUNNING OF THE SCHOOL AS OUTLINED BY THE SCHOOL. THE APPLICATION FEE IS NON-REFUNDABLE. TWO WEEKS PAID NOTICE IS REQUIRED WHEN REMOVING A CHILD FROM THE SCHOOL ROSTER BETWEEN JULY 1ST AND JULY 31ST. AN EARLY WITHDRAWAL PENALTY OF ONE MONTH'S TUITION WILL BE COLLECTED FROM ANY FAMILY WITHDRAWING FROM AUGUST 1ST THROUGH THE END OF THE SCHOOL YEAR. NOTIFICATION MUST BE GIVEN TO OFFICE. I (WE) AGREE THAT THE ABOVE INFORMATION MAY BE SHARED WITH OTHER NURSERY SCHOOL FAMILIES IN THE FORM OF A CLASS LIST.