## **CROSS OF GLORY NURSERY SCHOOL**

## **APPLICATION FOR REGISTRATION – 2016-2017 SCHOOL YEAR**

## **Child's Information**

Name: Last	First	M.I	Date of Birth	M/F	
Address					
(Street)	(City)	(State)	(Zip)		
Home Telephone Number:		_ Daytime Emergency No	o. if Different		
Parents' Information					
Mother's Name:		Father's Nam	ne:		
Employer Name:	r Name:		Employer Name:		
Address:		Addr	ess:		
Work Phone:		Work Phone:			
Cell Numbers and Names:					
Email Address:					
Sessions Available:					
2 ½ through Three year old childre	en:				
Morning Session					
9:00am – 11:30am	-OR-	2 ½ to Younger Threes (M		c)	
	Three Days – Older Threes (Wednesdays, Thursdays, & Fridays)				
Four year old children:					
Afternoon Session					
12:30pm – 3:00pm	Four Days (N	Four Days (Mondays through Thursdays)			
Cross of Glory Nursery School is a children of all creeds and races.	ministry of Cross o	f Glory Lutheran Church a	and is a non-profit progra	am open to	
All applications must include a non	ı-refundable \$40.0	0 registration fee (\$70. N	Maximum per family). Ple	ase make checks	
payable to Cross of Glory Nursery		-	•		
refundable deposit, which will be a	applied as June201	7's tuition payment. Eacl	n month's tuition is due o	on the first of	
every month for that month, begin	ning in Septembe	r.			
Parent's Signature:			Date:		