

447 Keswick Avenue  
Glenside, Pa 19038  
215-887-2289  
www.glensidebiblechurch.org



## 2026-2027 Nursery School Registration Form

### CHILD'S INFORMATION

Child's Name: \_\_\_\_\_ Prefers to be called: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Best email for important school information: \_\_\_\_\_

What is your church affiliation? \_\_\_\_\_

### PARENT INFORMATION

• Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_

• Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### OTHER MEMBERS OF THE HOUSEHOLD

Name:	Birthdate:	Relationship to child:

### EMERGENCY INFORMATION

Doctor's Name:	Address:	Phone:
Dentist:	Address:	Phone:

### EMERGENCY CONTACT (other than Parents)

Name:	Phone:	Relationship to Child:

- Is your child completely toilet trained? \_\_\_\_\_
- Are there any medical concerns or special needs information that you would like the teacher to know about your child?  
\_\_\_\_\_

"I agree to the policies of Glenside Bible Church Nursery School as specified in the parent handbook (available online @ [www.glensidebiblechurch.org/nurseryschool](http://www.glensidebiblechurch.org/nurseryschool)). I agree to make tuition payments by the scheduled due date."

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date of Application

Please return COMPLETED Registration Application, Financial Commitment Form, and \$35 Registration Fee to GBC Nursery School at above address.

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## 2026-2027 FINANCIAL COMMITMENT FORM

Child's Name: \_\_\_\_\_

**Please check the program you desire and note your monthly payment commitment.**

### TWO-YEAR OLD CLASS

- ☐ **2 Half Days (Monday, Wednesday)**  
9 payments of \$200, due September 1st through May 1st

### THREE THRU FIVE-YEAR OLD CLASS

- ☐ **3 Half Days (Monday, Wednesday, Friday)**  
9 payments of \$267, due September 1st through May 1st
- ☐ **3 Full Days (Monday, Wednesday, Friday)**  
9 payments of \$356, due September 1st through May 1st
- ☐ **4 Half Days (Monday, Wednesday, Thursday, Friday)**  
9 payments of \$322, due September 1st through May 1st
- ☐ **4 Full Days (Monday, Wednesday, Thursday, Friday)**  
9 payments of \$444, due September 1st through May 1st

**TUITION:** Billing is monthly. Payment is *always* due the first day of the month, from September through May, whether or not a bill is received. Checks should be made payable to **Glenside Bible Church Nursery School**. Payments can be made by mail or deposited in the drop box located outside of the classrooms. **Late payments are subject to a \$25.00 late fee.** Any circumstances delaying payment should be reported to the Church Office or Nursery School Treasurer immediately. Your child's continued enrollment depends on prompt fulfillment of your financial commitment to Glenside Bible Church Nursery School. The school reserves the privilege of dismissing a child if financial obligations are not met.

**REFUNDS:** Fees are not refundable in the event school is called off because of weather conditions. There are no refunds in the event of an absence or illness up through two weeks duration. After two weeks of a child's continuous, prolonged illness, fees will be reduced to one-half until the child returns to school, provided that the parents have notified the Teacher prior to the third week of illness. Paying the reduced rate insures the child's position in the school upon return.

**WITHDRAWAL:** By signing below, you agree to commit to a year of tuition in exchange for our service. We understand that sometimes in life, unexpected changes can occur. If you should need to withdraw your child from Glenside Bible Church Nursery School and cease making payments, a written notice must be given to the Director **FOUR (4) WEEKS BEFORE** the next billing cycle in order to avoid billing. Failure to do so makes you responsible for the next month's tuition, regardless of your child's exit date. Re-enrollment of a child who has been withdrawn from school is subject to availability.

**I have selected the above program and payment plan and agree to the terms listed above.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian