

SOUTH EASTERN YORK COUNTY NURSERY SCHOOL, INC.

2025 - 2026 STUDENT REGISTRATION



Child's Name: _____

DOB: ____/____/____ GENDER: ☐ M ☐ F

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number (_____) _____

Assigned Elementary School: _____

Medical Conditions: _____

Allergies: _____

Early Intervention Services (OT, PT, Speech, Hearing, IEP, etc):

Child lives with: ☐ Mother ☐ Father ☐ Other _____

Mother's Name (Guardian): _____

Phone Number (_____) - _____

Email: _____

Father's Name (Guardian): _____

Phone Number (_____) - _____

Email: _____

A non-refundable registration fee of **\$75.00** per student must accompany your registration in order to be processed. The registration fee may be paid by CASH or CHECK (made payable to SEYCO Nursery School).
Classes are filled on a first come, first serve basis.

Parent Signatures: _____

PLEASE CHECK PREFERRED CLASS(ES)

2-YEAR-OLD PROGRAM

(AGE 2 BY 9/1/25)

9:00AM – 11:30AM

☐ **CLASS – T1**
MONDAY & WEDNESDAY
\$155.00/MONTH

☐ **CLASS – T2**
TUESDAY & THURSDAY
\$155.00/MONTH

☐ **CLASS – T3**
FRIDAY ONLY
\$90.00/MONTH

3-YEAR-OLD PROGRAM

(AGE 3 BY 9/1/25)

9:00AM-11:30AM

☐ **CLASS A – MWF**
\$210.00/MONTH

☐ **CLASS B – T/TH**
\$160.00/MONTH

PRE-K PROGRAM

(AGE 4 BY 9/1/25)

8:45AM- 11:45AM

☐ **CLASS D – MWF**
\$230.00/MONTH

☐ **CLASS E – (5 DAY)**
\$310.00/MONTH

Registration Fee Paid _____

CASH CHECK# _____ PAYPAL

Class Enrolled _____ Date Accepted _____