



**SOUTH EASTERN YORK COUNTY
NURSERY SCHOOL
2026 - 2027 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 \$100.00 per student must accompany your registration in order to be processed. The registration fee may be paid by CASH, CHECK (made payable to SEYCO Nursery School) or PayPal (scan QR code)



Classes are filled on a first-come, first-served basis.

Parent Signatures: _____

**PLEASE CHECK
PREFERRED CLASS(ES)**

**2-YEAR-OLD
PROGRAM
(AGE 2 BY 9/1/26)
9:00AM – 11:30AM**

- ☐ CLASS T1 -
M/W/F
\$245/MONTH
- ☐ CLASS T2-T/TH
\$185/MONTH

**3-YEAR-OLD
PROGRAM
(AGE 3 BY 9/1/26)
9:00AM-11:30AM**

- ☐ CLASS A –
M/W/F
\$250/MONTH
- ☐ CLASS B – T/TH
\$190/MONTH

**PRE-K PROGRAM
(AGE 4 BY 9/1/26)
8:45AM- 11:45AM**

- ☐ CLASS D –
M/W/F
\$265/MONTH
- ☐ CLASS E – (5
DAY)
\$350/MONTH

Registration Fee Paid _____ Child's Age as of 9/1/26 _____

CASH CHECK# _____ PAYPAL Class Enrolled _____ Date Accepted _____