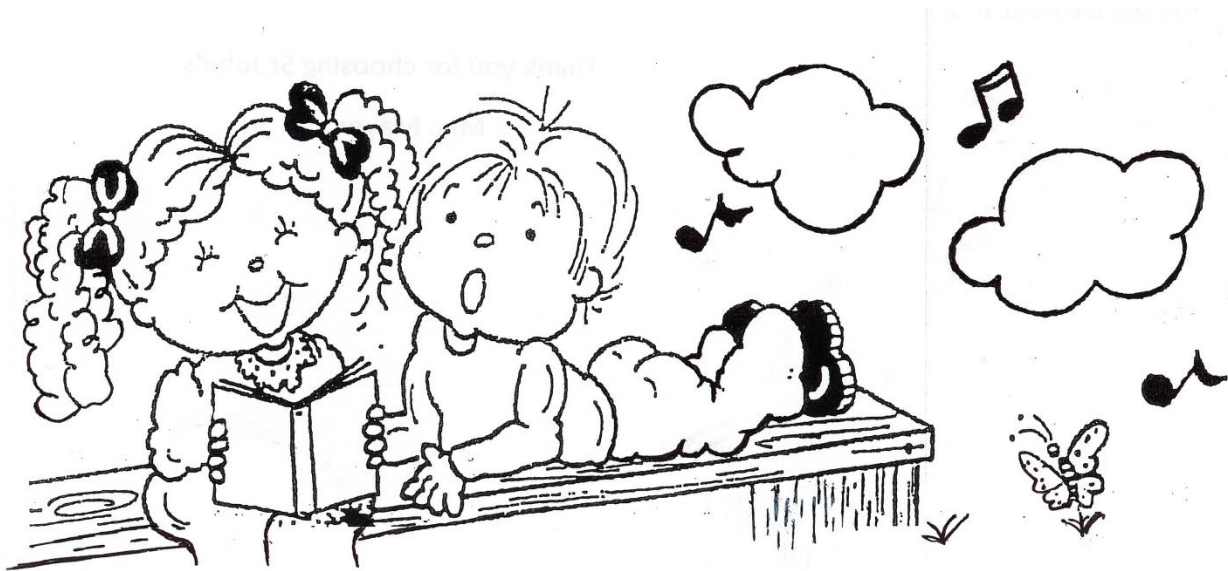


St. John's Bath Nursery School
St. John's Evangelical Lutheran Church
206 E. Main St.
Bath, Pa. 18014



2023/2024 Rates

Registration

2 yr. old class Tues./Thurs. \$135.00 a month
9:00-11:30 a.m.

3 yr. old class Mon./Wed./Fri. \$155.00 a month
9:00-11:30 a.m.

If you are interested in our 3 yr. old enrichment program it is an extra two mornings
Tues./Thurs. 9:00-11:30 a.m. \$215.00 a month

4 yr. old class Mon./Wed./Fri. \$155.00 a month
9:00-11:30 a.m.

If you are interested in our 4 yr. old enrichment program it is an extra two mornings
Tues./Thurs. 9:00-11:30 a.m. \$215.00 a month

If you have any questions please stop by the office or call me at 610-837-9868 or my
cell 610-841-6729.

Thank you for choosing St. John's

Mrs. Mayer

PURPOSE

Our purpose is simple. It is to provide quality preschool experiences for 2, 3 and 4 year olds.

We recognize that there is a need for preschool aged youngsters to be provided with experiences that will prepare them for the beginning of formal education. These experiences should allow a child to develop social skills that will make coming in to contact with a large peer group, in school something less traumatic. We want to make the adjustment from child at home, to pupil, a natural progression that will allow the child to feel comfortable and ready to learn and grow. Each child will show this development at his/her own pace. We should hope that at the end of our program each child will have either begun, completed, or be into this process of growth.

We are not attempting to “short circuit” the kindergarten experience. We recognize the school district’s need to pursue its own course of education and experience. Any attempt, on our part, to have our children get a “head start” could defeat our prime aim to facilitate learning in school. For example: If we were to have each child learn mathematic principles such as addition, subtraction, etc., we could easily send to kindergarten children who would find that experience boring and repetitive. This would, without a doubt, defeat our purpose.

During your child’s time with us he/she will learn such things as recognition of colors, shapes, people in their community (like a banker, firefighter, letter carrier, etc.), numbers, letters, and other basic elements of their environment. Primarily, however they will learn to be with other youngsters their own age and begin to try and test their own, individual skills at socialization.

We are dedicated and committed to this sense of purpose. Our success as a nursery program will be judged by many factors, but if we lose sight of our primary purpose - to provide a solid basis to begin the learning process - then we will no longer be St. John’s Bath Nursery School.

FORWARD

Members of St. John's Evangelical Lutheran Church of Bath are constantly aware of their roles as active members of the Bath Community. We recognize that as members of that community, we have an obligation to seek out, identify, and meet need we all share. Such a need we have identified is for a quality program for preschool youngsters.

We recognized, immediately, that many fine programs already serve the general Bath area. Our desire is not to compete with any of these programs already in existence. Instead we saw that there was a need to offer such programming within the town of Bath. The need is great and far surpasses the present attempts to meet that need. Thus, we are proud to join others in offering this service to all.

We are prepared to offer this service for as long as it is seen as a need within our community. We pray that God will bless our efforts and continue to guide our thoughts, words, and deeds.

Sincerely,
Nursery School Committee

**No child
will be discriminated against because of
race, sex, color, national origin, religion or handicap.**

(St. John's Bath Nursery School Board)

Bad Weather

In the event of bad weather please tune in to WFMZ Channel 69 News for delays and closings. Our school will display on the bottom ticker on your screen. You can check the list or download their App for alerts at WFMZ.COM. If there is a delayed opening we will have classes 10:30-12:30 and no Lunch Bunch.

Pick Up

Please notify your child's teacher if someone not on your original pick up list will be picking up your child. If a change occurs during the class session please call the school office at 610-837-9868. Children should be picked up promptly at dismissal. Being picked up late can be very upsetting to young children. Also the staff may have other obligations after the session ends. Children must be brought into the school and you must wait with your child in the hall until the teacher opens the classroom door.

Communication

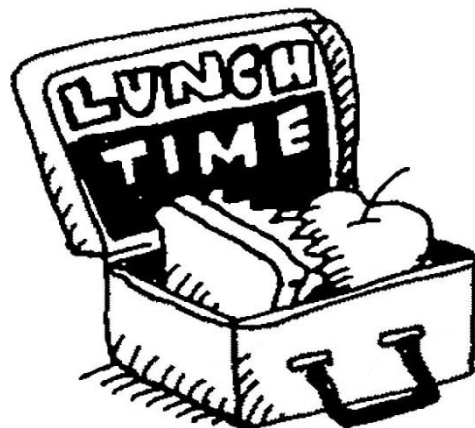
We recognize that parent's desire to know how their child is doing in our program. Communication between our teachers and parents is essential. Parents should feel free at any time to ask the teacher how their child is doing. Teachers are available at the door before and after school. For extended conversations we ask that you make an appointment with the teacher so as to not take away from your child's class time. 610-837-9868.

Lunch Bunch

Lunch Bunch is held on designated days throughout the school year. (October thru May)

11:30-12:30

The cost is \$5.00



Pack your child a lunch; we will supply a drink and any paper and plastic ware needed. (We cannot heat anything up)

Sign your child up on the lists posted in the hall put your child's money in an envelope with their name on it and place in the mailbox.

This is an excellent opportunity for your child to practice lunch room skills, and a time to meet and play with new friends from the other classes here at St. John's.

ST. JOHN'S BATH NURSERY SCHOOL - MEDICAL INFORMATION FORM

The following information is intended for use in an emergency. All information contained here will be kept confidential.

CHILD'S NAME _____ BIRTH DATE _____
(LAST) (FIRST) (MIDDLE)

In an EMERGENCY, other than parents, CONTACT:

NAME _____ PHONE NUMBER () _____

NAME _____ PHONE NUMBER () _____

CHILD'S FAMILY DOCTOR

NAME _____ PHONE NUMBER () _____

SPECIALIST (If any, heart, eye, etc.)

NAME _____ PHONE NUMBER () _____

NAME _____ PHONE NUMBER () _____

+++++

MEDICAL PROBLEMS THE STAFF SHOULD BE AWARE OF:

HEARING _____

EYES _____

HEART _____

RESPIRATORY _____

ALLERGIES _____

DIABETES _____

OTHER _____

ABOUT MY CHILD

1. PHYSICAL LIMITATIONS (PROBLEMS, ETC.) _____

2. ON-GOING MEDICATION NEEDED _____

NOTE: the staff cannot take responsibility for the administration of medications.

THIS FORM COMPLETED AND SIGNED, MUST BE RETURNED WITH THE REGISTRATION FORM AND FEE.

PARENT'S SIGNATURE _____ DATE _____

Name _____ Birthdate _____

Address _____ Parent or guardian _____

Telephone _____

Race/ethnicity: White Black Asian or Pacific Islander American Indian or Alaskan Native

Hispanic origin: Yes No

Please circle present grade. K 1 2 3 4 5 6 7 8 9 10 11 12 Other _____

PENNSYLVANIA DEPARTMENT OF HEALTH – CERTIFICATE OF IMMUNIZATION

VACCINE Circle appropriate item	Enter month, day, and year when immunization doses listed below were given.												
	1	2	3	4	5	6	7	8	9	10	11	12	Other
Diphtheria, tetanus and acellular pertussis (DTaP, DTP, Td or DT)	1 / /	2 / /	3 / /	4 / /	5 / /	6 / /	7 / /	8 / /	9 / /	10 / /	11 / /	12 / /	5 / /
Tetanus, diphtheria and acellular pertussis (Tdap)	1 / /	2 / /	3 / /	4 / /	5 / /	6 / /	7 / /	8 / /	9 / /	10 / /	11 / /	12 / /	5 / /
Polio (OPV or IPV)	1 / /	2 / /	3 / /	4 / /	5 / /	6 / /	7 / /	8 / /	9 / /	10 / /	11 / /	12 / /	5 / /
Hepatitis B	1 / /	2 / /	3 / /	4 / /	5 / /	6 / /	7 / /	8 / /	9 / /	10 / /	11 / /	12 / /	5 / /
Measles - mumps - rubella (MMR)	1 / /	2 / /	3 / /	4 / /	5 / /	6 / /	7 / /	8 / /	9 / /	10 / /	11 / /	12 / /	Titer
Varicella (vaccine or disease)	1 / /	2 / /	3 / /	4 / /	5 / /	6 / /	7 / /	8 / /	9 / /	10 / /	11 / /	12 / /	Titer
Meningococcal (MCV)	1 / /	2 / /	3 / /	4 / /	5 / /	6 / /	7 / /	8 / /	9 / /	10 / /	11 / /	12 / /	
Other	1 / /	2 / /	3 / /	4 / /	5 / /	6 / /	7 / /	8 / /	9 / /	10 / /	11 / /	12 / /	Mumps disease diagnosed by a physician. Date

St. John's Bath Nursery School ~ Registration Form 2023/2024

(circle desired class) **2yr (2 days/wk), 3yr (3 days/wk), 3yr (5 days/wk), 4yr (3 days/wk), 4yr (5 days/wk)**

Students Name _____ Birthdate _____
(First) (MI) (Last)

Address _____

Phone _____ Cell _____ Email _____

Mother's Name _____ Address _____

Place of Employment _____

Address _____ Phone _____

Father's Name _____ Address _____

Place of Employment _____

Address _____ Phone _____

Brothers/Sisters names and ages _____

Please list any food allergies _____

*The following persons have my permission to pick up my child from preschool. Parents' name must also appear on the list. Please list everyone possible. Use the back of form if necessary. In case of emergency parent must notify the school that someone else will be picking up their child. Picture I.D. may be required.

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

In Case of **Emergency (if parents cannot be reached)**

Name _____ Phone # _____

Name _____ Phone # _____

Registration Fee - a \$35.00 registration fee must accompany this form. Please make check payable to St. John's Bath Nursery School. No positions are guaranteed to be held without fee and form.