



Chapel School
 3 Lutheran Dr
 Nashua, NH 03063
 (603) 882-6142 x14

www.chapelschool.org
 chapelschool@ctknashua.org
 Dee Dee Thurber, Director

Dear Families,

Registration day for families new to our school will take place on **Tuesday, January 12th at 12:00pm**. To alleviate traffic in the parking lot, please arrive after 11:30 to allow time for morning pick-up. Registration will take place in the Sophia room, which is near the sanctuary.

Please complete the attached forms with your 1st and 2nd class choices and bring them to registration. If your 1st choice is not available, your child will be placed in the 2nd choice class and on the wait list for the 1st class. Along with the completed forms, please include a check, made payable to Chapel School, for the \$70 registration fee and the advance payment for May 2011.

If you are unable to attend registration on January 12th, you may mail your check and forms to us at the address above.

Just a reminder the age cut-off for each class is September 30th. For example, a child entering the 3's program must be 3 by September 30, 2010.

<u>Class</u>	<u>Time</u>	<u>Cost</u>
2's T-Th	9:15-11:15	\$1170/yr, \$130 paid monthly
2's M-W	9:15-11:15	\$1170/yr, \$130 paid monthly
2's F (3 rd day option)	9:15-11:15	\$540/yr, \$60 paid monthly
3's M-W-F	9:00-11:30	\$1665/yr, \$185 paid monthly
3's T-Th	9:00-11:30	\$1125/yr, \$125 paid monthly
3's T-W-Th PM	12:30-3:00	\$1665/yr, \$185 paid monthly
4's M-T-W-Th	9:00-11:30	\$2205/yr, \$245 paid monthly
4's T-W-Th PM	12:30-3:00	\$1665/yr, \$185 paid monthly

We hope to see you on the 12th. Should you have any questions please do not hesitate to contact us. School will be closed for Christmas break from December 24th thru January 3rd.

Happy Holidays!

The Chapel School Staff



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REGISTRATION FOR THE 2010-2011 SCHOOL YEAR

Student's Information

First Name	Last Name	Nickname
Date of birth: _____ What name would you prefer your child learn to recognize and write?		
___ Boy ___ Girl	___ First Name	___ Nickname Other: _____
Street Address		City
Home Phone: _____		State Zip Code
		Food Allergies: ___ None ___ Yes (please list)

Parent or Guardian's Information

Mother or Guardian ___ Mrs. ___ Ms. ___ Miss ___ Mr.		Father or Guardian ___ Mr. ___ Mrs. ___ Ms. ___ Miss	
First Name	Last Name	First Name	Last Name
Address: _____		Address: _____	
___ Same as above		___ Same as above	
Home Phone: _____		Home Phone: _____	
___ Same as above		___ Same as above	
Cell Phone: _____		Cell Phone: _____	
Email Address		Email Address	
Are you a member of Christ the King Church? ___ Yes \$10 discount/month ___ No			

Office Use Only:
 PM 4's MWF 3's TTh 3's PM 3's MW 2's TTh 2's F 2's Registration form for new families, CtK members, and CS Alumni

Please see reverse side for class options.

REGISTRATION FOR 2'S PROGRAM Child must be 2 years old as of September 30, 2010Please mark your 1st & 2nd choices - The M/W/(F) class is recommended for the 2's with Oct-Feb birthdays.

Monday & Wednesday (max 9 students)	9:15-11:15 AM	\$130 monthly, \$1170 total
Monday & Wednesday & Friday (max 9 students)	9:15-11:15 AM	\$190 monthly, \$1710 total
Tuesday & Thursday (max 9 students)	9:15-11:15 AM	\$130 monthly, \$1170 total
Tuesday & Thursday & Friday (max 9 students)	9:15-11:15 AM	\$190 monthly, \$1710 total

REGISTRATION FOR 3'S PROGRAM Child must be 3 years old as of September 30, 2010Please mark your 1st, 2nd & 3rd choices

Monday & Wednesday & Friday (max 15 students)	9:00-11:30 AM	\$185 monthly, \$1665 total
Tuesday & Thursday (max 15 students)	9:00-11:30 AM	\$125 monthly, \$1125 total
Tuesday, Wednesday, & Thursday (max 10 students)	12:30-3:00 PM	\$185 monthly, \$1665 total

REGISTRATION FOR 4'S PROGRAM Child must be 4 years old as of September 30, 2010Please mark your 1st & 2nd choices (both classes max 20 students)

Monday, Tuesday, Wednesday, & Thursday	9:00-11:30 AM	\$245 monthly, \$2205 total
Tuesday, Wednesday, & Thursday	12:30-3:00 PM	\$185 monthly, \$1665 total

School is in session from September through May, usually beginning after Labor Day and ending just before Memorial Day weekend. Chapel School generally follows the Nashua school system calendar.

The yearly tuition is divided into 9 monthly payments due on the 1st of the month from September 1 through April 1. The May payment is due in advance, at time of registration.

Due at time of registration:

_____ ADVANCED PAYMENT FOR MAY 2011

_____ NON-REFUNDABLE REGISTRATION FEE OF \$70

_____ SIGNED FINANCIAL AGREEMENT & COMPLETED REGISTRATION FORM

Please make all checks payable to: *Chapel School*. Completed forms with payment may be brought to Chapel School on registration day or mailed (or delivered) to:

Chapel School 3 Lutheran Dr. Nashua, NH 03063

FOR ADMINISTRATION use only:

Date received _____ Check # _____ Amount Paid _____



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FINANCIAL AGREEMENT

I, _____ hereby enroll my child _____ at Chapel School and agree to pay the rate of \$ _____ per month regardless of my child's absences.

I understand that the May tuition (which I am paying in advance) acts as a security deposit for the school and that I will forfeit said payment should I decide to withdraw my child without giving two weeks written notice as is required by school policy.

I understand and agree with the tuition procedures as listed below:

- All monthly tuition checks are made payable to Chapel School and mailed or delivered to the tuition mailbox at the school.
- Tuition payments are due on the first (1st) day of each month; prompt payments are greatly appreciated.
- A late fee of \$30 must be included with payments not received by the fifth (5th) day of the month.
- The school reserves the right to dismiss a student whose tuition is two months in arrears. However, every effort will be made to work with those experiencing financial difficulty. Please let us know so we might help in any way we can.
- No refund will be given for withdrawal without 2 weeks written notice.

Parent's Signature

Date