

RABBIT HILL NURSERY SCHOOL
First Presbyterian Church of Springfield
356 Summit Road
Springfield, PA 19064
610-543-8933
www.rabbithillnurseryschool.org

Date of application _____ Year of enrollment _____

CHILD'S NAME _____ DATE OF BIRTH _____

Name you would like us to call your
child _____

ADDRESS _____

PHONE _____ PHONE _____

EMAIL _____

Father's Name _____ Occupation _____

Business Address _____ Phone _____

Mother's Name _____ Occupation _____

Business Address _____ Phone _____

Brothers and Sisters (Names and
ages) _____

Adults and children present in the home

Child's general health since birth
(Describe) _____

Any recent illness: _____

Special problems: _____

Allergies: _____

Physical limitations: _____

Fears: _____

Nervous habits: _____

-over-

How would you describe your child's personality?

Favorite play activities

Describe your child's play

Active _____ Sedentary _____ Boisterous _____

Quiet _____ Self-Initiated _____ Dependent on adult direction _____

Has your child been evaluated for special services (i.e. speech, language, ot, pt)? If yes, explain

How did you hear about Rabbit Hill Nursery School?

CLASSES and TUITION

Choose one

_____ 2-Day AM Class

_____ 3-Day AM Class

_____ 3-Day PM Class

_____ 5-Day AM Class

REGISTRATION FEE: \$50 (non-refundable) due with application

TUITION: Nine monthly payments due the first of the month August through April

2-Day Class - \$180/month

3-Day Class - \$245/month

5-Day Class - \$295/month

Parent's signature

____ Director

____ Treasurer

Revised 1/24