



LAWRENCE ROAD PRESBYTERIAN CHURCH  
NURSERY SCHOOL  
1039 LAWRENCE ROAD  
LAWRENCEVILLE, NJ 08648  
(609)882-8305

Dear Parents:

Enclosed please find the application for the 2024-2025 school year. Please be sure to accurately supply all the required information. Kindly note the following:

Completed forms should be returned to the Lawrence Road Presbyterian Church Nursery School **by Friday, February 2** for **Priority Registration**. Priority Registration includes members of the Lawrence Road Presbyterian Church, currently enrolled families and siblings and former families that attended LRPCNS.

**General registration applications are due by Friday, February 9.** This refers to families not affiliated with our program and registering for the first time.

A \$50.00 application fee is required with the registration for **children registering for the first time**. If your child is a returning student, there is no additional registration fee.

We offer a 10% discount for families with siblings attending Lawrence Road at the same time.

Class placement will be confirmed in March.

Thank you for your interest in LRPCNS. If there are any questions regarding the application process, please contact the school at 609-882-8305 or email [judykgilbert3@gmail.com](mailto:judykgilbert3@gmail.com).

Sincerely,

A handwritten signature in cursive script that reads "Judy Gilbert".

Judy Gilbert

Director

**Lawrence Road Presbyterian Church Nursery School**  
**Application for 2024 – 2025**

Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender Identification \_\_\_\_\_

Address \_\_\_\_\_

Main Phone Number \_\_\_\_\_ Main Contact Person \_\_\_\_\_

**(Please indicate the preferred phone # to contact)**

Preferred Email \_\_\_\_\_ Additional Email \_\_\_\_\_

Parent's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_ Company Name \_\_\_\_\_

Parent's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_ Company Name \_\_\_\_\_

Siblings (names and ages) \_\_\_\_\_

\_\_\_\_\_

Please check the following for registration:

Church member \_\_\_\_ Currently enrolled in the school \_\_\_\_

Sibling to currently or formerly enrolled family member \_\_\_\_ Community member \_\_\_\_

**A Non-Refundable \$50.00 application for first time registration payable to LRPCNS should accompany this form. If your child is currently enrolled, you do not pay this fee. Check # \_\_\_\_\_**

**Class Preference: Please list your preferred days and class: (Class options on the other side) Please indicate the age group by circling the appropriate class:**

**2 ½s**

**3s**

**Pre – K (4s)**

**First choice of days** \_\_\_\_\_

**Second choice of days** \_\_\_\_\_

**Third choice of days** \_\_\_\_\_

Class Options:

**2 1/2s - 9:00 – 12:00 Monday through Friday**

2x a week - \$2500.00 annually – 10 payments of \$250.00

3x a week - \$3100.00 annually – 10 payments of \$310.00

4x a week - \$3700.00 annually – 10 payments of \$370.00

5x a week - \$4100.00 annually – 10 payments of \$410.00

**3s - 9:00 – 12:00 Monday through Friday**

2x a week - \$2500.00 annually – 10 payments of \$250.00

3x a week - \$3100.00 annually – 10 payments of \$310.00

4x a week - \$3700.00 annually – 10 payments of \$370.00

5x a week - \$4100.00 annually – 10 payments of \$410.00

**Pre-K – 9:00 - 12:00 Monday through Friday**

2x a week - \$2500.00 annually – 10 payments of \$250.00

3x a week - \$3100.00 annually – 10 payments of \$310.00

4x a week - \$3700.00 annually – 10 payments of \$370.00

5x a week - \$4100.00 annually – 10 payments of \$410.00

Your child's placement will be confirmed via email by March. There will be a wait list if applications exceed availability on specific days. Information including deposits, Orientation Day and Universal Health forms will be included in that email. Please contact the office at [judykgilbert3@gmail.com](mailto:judykgilbert3@gmail.com) or 609-882-8305 with any questions. Thank you for your commitment to LRPCNS. We look forward to this partnership.