

**ST. JOHN'S LUTHERAN NURSERY SCHOOL**

1675 Coates Ave., Holbrook, NY

Phone (631) 588-4347 - FAX (631) 588-8159

Email: [snurseryschool@outlook.com](mailto:snurseryschool@outlook.com) • Website: [www.sjnurseryschool.com](http://www.sjnurseryschool.com)

**REGISTRATION FOR THE 2017-2018 SCHOOL YEAR**

Attached are the necessary forms to register your child in our 2017-2018 nursery school programs. Please fill out completely, sign and return the **REGISTRATION PACKET** along with your child's **BIRTH CERTIFICATE**, and the **\$50.00 REGISTRATION FEE** (non-refundable and non-transferable). The **FIRST PAYMENT** (non-refundable after July 31, 2017) is due **JUNE 1, 2017** to the preschool office Monday through Friday (9:30 AM to 3:00 PM) or mail to the above address Attn: Preschool Office. The following programs will be offered for the 2017-2018 school year (all classes are subject to enrollment):

**2 YEAR PLAY & LEARN PROGRAM**

Children must be 2 years of age on or before Dec. 1, 2017 and do not have to be toilet trained.

Tues/Thurs <b>AM</b>	10:00-12:00	\$190.00 per month
Tues/Thurs <b>PM</b>	1:00 – 3:00	\$190.00 per month
Mon/Wed/Fri <b>PM</b>	1:00 – 3:00	\$240.00 per month

**3 YEAR PROGRAM**

Children must be 3 years of age on or before Dec. 1, 2017 and should be either completely toilet-trained OR working on toilet-training.

Tues/Thurs <b>AM</b>	9:30-12:00	\$195.00 per month
Tues/Thurs <b>PM</b>	1:00-3:30	\$195.00 per month
Mon/Wed/Fri <b>AM</b>	9:30-12:00	\$255.00 per month
Mon/Wed/Fri <b>PM</b>	1:00-3:30	\$255.00 per month

**4 YEAR PROGRAM**

Children must be 4 years of age on or before Dec. 1, 2017 and must be able to use the bathroom independently (COMPLETELY TOILET TRAINED).

5 day EXT <b>AM</b>	9:30-12:25	\$350.00 per month
5 day EXT <b>PM</b>	1:00-3:55	\$350.00 per month
Mon/Wed/Fri <b>AM</b>	9:30-12:25	\$275.00 per month
Mon/Wed/Fri <b>PM</b>	1:00-3:55	\$275.00 per month

**TUITION DISCOUNTS** are given as follows:

**MEMBER DISCOUNT of \$10 per month** is given to members of St. John's Lutheran Church, Holbrook. A **3% DISCOUNT** will be given to families that pay full year tuition up front. **MULTIPLE CHILD DISCOUNT** will be given to any family enrolling more than one child in our school during the same school year as follows: full tuition paid on the first child (higher tuition), **25% discount** on each additional child.

**WAITING LIST** - We will start a waiting list once a session closes out. Please note our waiting list policy on the back of the registration form.

**(OVER)**

**(THIS IS A COPY OF THE POLICIES AND PROCEDURES ON THE BACK OF THE  
REGISTRATION FORM)**

1. We must see your child's **BIRTH CERTIFICATE** at the time of registration to verify his/her age. All children entering our 2 year old program must be 2 years of age on or before December 1, 2017 and do not have to be toilet trained. All children entering our 3-year old program must be 3 years of age on or before December 1, 2017 and should be either completely toilet-trained or working on toilet-training. All children entering our 4 year-old program must be 4 years of age on or before December 1, 2017 and **MUST BE ABLE TO USE THE BATHROOM INDEPENDENTLY (COMPLETELY TOILET TRAINED).**
2. A **MEDICAL EXAMINATION** is required for each child attending our school and must be submitted **NO LATER THAN AUGUST 1, 2017.**
3. The **ANNUAL TUITION** of \$\_\_\_\_\_ (non-transferable) may be paid in full or ten (10) monthly installments of \$\_\_\_\_\_. A **\$50.00 REGISTRATION FEE (NON-REFUNDABLE and NON-TRANSFERABLE)** is due at the time of registration. The **FIRST PAYMENT** of \$\_\_\_\_\_ (**NON-REFUNDABLE AFTER JULY 31, 2017**) is due **JUNE 1, 2017.** The nine (9) **REMAINING PAYMENTS** are due on **THE FIRST OF EACH MONTH STARTING ON SEPTEMBER 1, 2017.** All tuitions must be **PAID IN FULL NO LATER THAN MAY 15, 2018.** **Please refer to our payment schedule.**
4. **LATE PICKUP FEE:** A fee of \$20.00 will be charged if your child is picked up from class after the designated dismissal time.
5. **WAITING LISTS:** We will start a waiting list once a session closes out.
6. **RETURNED CHECK POLICY:** There will be a **\$20 SERVICE FEE** for all checks returned to us. The amount of the check plus service fee must be **PAID IN CASH** (we do not re-deposit checks). If two or more checks are returned to us during the school year, the balance of payments must be paid in cash or money order.
7. **ALL CLASSES ARE SUBJECT TO ENROLLMENT. ALL ENROLLMENTS ARE CONSIDERED TO BE FOR THE ENTIRE YEAR** (September 2017 through June 2018). No refunds for tuition will be granted for the temporary removal of a child from school. We must receive **WRITTEN NOTICE** by the first of the preceding month if the child is to be withdrawn from the program.
8. Our **SCHOOL CALENDAR** basically follows Sachem School District except for Jewish holidays and, in addition, any days designated by the Nursery School Board.
9. St. John's Lutheran Nursery School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational or admissions policies and other school-administered programs.

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**MEDICAL FORM**

CHILD'S NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

EYES \_\_\_\_\_ EARS \_\_\_\_\_ NOSE \_\_\_\_\_

THROAT \_\_\_\_\_ HEART \_\_\_\_\_ LUNGS \_\_\_\_\_

DPT (dates) \_\_\_\_\_

POLIO (dates) \_\_\_\_\_

RUBELLA (dates) \_\_\_\_\_

MEASLES (dates) \_\_\_\_\_

MUMPS (date) \_\_\_\_\_

TUBERCULIN (date) \_\_\_\_\_

HEPATITIS B (date) \_\_\_\_\_

HIB (date) \_\_\_\_\_

VARICELLA (born on or after 1/1/2000) \_\_\_\_\_

ALLERGIES \_\_\_\_\_  
\_\_\_\_\_

SPECIAL REMARKS \_\_\_\_\_

DOCTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

THIS MEDICAL FORM MUST BE COMPLETED AND SIGNED BY YOUR DOCTOR BEFORE YOUR CHILD CAN ENTER NURSERY SCHOOL IN SEPTEMBER. PLEASE RETURN TO THE OFFICE **NO LATER THAN AUGUST 1ST.**

REGISTRATION DATE: \_\_\_\_\_

<b>2 Year Play &amp; Learn</b> Tues/Thurs (\$190.00) _____ AM 10:00-12:00 Tues/Thurs (\$190.00) _____ PM 1:00 - 3:00 Mon/Wed/Fri (\$240.00) _____ PM 1:00 - 3:00	Office Use: _____ A/C # _____ Discount: Member _____ MultiChild _____ Paid in Full _____
<b>3 year Sessions:</b> Tues/Thurs (\$195.00) _____ AM 9:30-12:00 Tues/Thurs (\$195.00) _____ PM 1:00-3:30 Mon/Wed/Fri (\$255.00) _____ AM 9:30-12:00 Mon/Wed/Fri (\$255.00) _____ PM 1:00-3:30	Registration Fee (\$50.00) Cash/Ck _____ 1 <sup>st</sup> Tuition Payment: \$ _____ Cash/Ck _____ Sex: M _____ F _____
<b>4 Year Sessions:</b> 5 day EXT (\$350.00) _____ AM 9:30-12:25 5 day EXT (\$350.00) _____ PM 1:00-3:55 Mon/Wed/Fri (ext) (\$275.00) _____ AM 9:30-12:25 Mon/Wed/Fri (ext) (\$275.00) _____ PM 1:00-3:55	Where did you hear about us? _____ _____ Previous Teacher: _____

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### REGISTRATION FORM

**CHILD'S FULL NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **TOWN:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **IS CHILD BAPTIZED: YES \_\_\_ NO \_\_\_** **WHERE:** \_\_\_\_\_

**MOTHER (or guardian)**

**Name:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Church Affiliation:**

**St. John's: Yes \_\_\_ No \_\_\_**

**Other:** \_\_\_\_\_

**FATHER (or guardian)**

**Name:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Church Affiliation:**

**St. John's: Yes \_\_\_ No \_\_\_**

**Other:** \_\_\_\_\_

**CHILD'S PHYSICIAN:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**NAMES AND BIRTHDATES OF BROTHERS/SISTERS:**

\_\_\_\_\_  
\_\_\_\_\_

**POLICIES & PROCEDURES**  
**(PLEASE READ BEFORE SIGNING)**

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I have read, understand and agree to adhere to the above policies and procedures:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

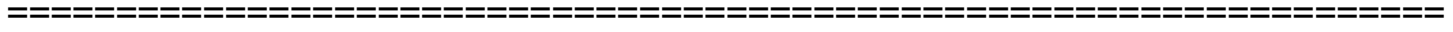
**MEDICAL EMERGENCY PERMISSION FORM**  
**(To be filled out each year)**

I give my permission for St. John's Lutheran Nursery School to seek emergency medical treatment, if necessary, for my child \_\_\_\_\_ in the event that I cannot be contacted.

PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date



**PHOTO RELEASE PERMISSION FORM**  
**(To be filled out each year)**

I give my permission for my child \_\_\_\_\_ to be photographed and/or video taped at St. John's Lutheran Nursery School for use as follows:

In School (bulletin boards, video shown at our open house, etc.)

\_\_\_\_\_yes          \_\_\_\_\_no

Publicity (Library Preschool Showcase, etc)

\_\_\_\_\_yes          \_\_\_\_\_no

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

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Email: [sjnurseryschool@outlook.com](mailto:sjnurseryschool@outlook.com) • Website: [www.sjnurseryschool.com](http://www.sjnurseryschool.com)**CHILD RELEASE FORM**  
(To be filled out each year)**CHILD'S NAME** \_\_\_\_\_

Please write the full name(s) of the person(s) authorized to pick up your child from school and can be contacted in case of an emergency (at least 1 neighbor on your street):

Relationship	Name First and Last	Home Phone	Cell Phone	Work Phone	Address
<i>Mother</i>					
<i>Father</i>					
<i>Grandparent</i>					
<i>Grandparent</i>					
<i>Neighbor</i>					
<i>Other</i>					

If there has been a divorce or separation, please explain the custodial rights and anticipated visitation concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any person(s) authorized to pick up your child **including the parents** must come prepared to show **photo identification** when asked. If the parent or authorized person has been introduced to the staff or is known by them, identification will not be required. The child will not be released if the staff has not met the person and no appropriate identification is produced. We realize that at times this may be inconvenient; nonetheless, we ask for your full cooperation as the whole purpose of this procedure is the safety of your child.

\_\_\_\_\_  
Signature of Parent\_\_\_\_\_  
Date