

REGISTRATION DATE: _____

2 Year Play & Learn Tues/Thurs (\$195.00) _____ AM 10:00-12:00 Mon/Wed (\$195.00) _____ 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 _____
3 year Sessions: Tues/Thurs (\$210.00) _____ AM 9:30-12:00 Tues/Thurs (\$210.00) _____ PM 1:00-3:30 Mon/Wed/Fri (\$260.00) _____ AM 9:30-12:00 Mon/Wed/Fri (\$260.00) _____ PM 1:00-3:30	Registration Fee (\$60.00) Cash/Ck _____ 1 st Tuition Payment: \$ _____ Cash/Ck _____
4 Year Sessions: 5 day EXT (\$350.00) _____ AM 9:30-12:25 5 day EXT (\$350.00) _____ PM 1:00-3:55 Mon/Wed/Fri (ext) (\$280.00) _____ AM 9:30-12:25 Mon/Wed/Fri (ext) (\$280.00) _____ PM 1:00-3:55	Sex: M _____ F _____ Where did you hear about us? _____ Previous Teacher: _____

St. John's Lutheran Nursery School
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Phone (631) 588-4347 - FAX (631) 588-8159
Email: sinurseryschool@outlook.com • www.sinurseryschool.com

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)

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, 2018 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, 2018 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, 2018 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, 2018**.
3. The **ANNUAL TUITION** of \$_____ (non-transferable) may be paid in full or ten (10) monthly installments of \$_____. A **\$60.00 REGISTRATION FEE (NON-REFUNDABLE and NON-TRANSFERABLE)** is due at the time of registration. **The FIRST PAYMENT of \$_____ (NON-REFUNDABLE AFTER JULY 31, 2018)** is due **JUNE 1, 2018**. The nine (9) **REMAINING PAYMENTS** are due on **THE FIRST OF EACH MONTH STARTING ON SEPTEMBER 1, 2018**. All tuitions must be **PAID IN FULL NO LATER THAN MAY 15, 2019**. 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.

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

SIGNATURE: _____ DATE: _____

RELATIONSHIP TO CHILD: _____