St. John's Lutheran Nursery School 1675 Coates Ave. Holbrook, NY 11741 (631)588-4347

Email: sinurseryschool@outlook.com . Website: www.sinurseryschool.com

4 YEAR OLD REGISTRATION PACKET 2025-2026

CHILD'S FULL NAME		DATE OF BIRTH
STREET	CITY	ZIP
Please fill out all forms to register your child for our 202 these forms along with a copy of your child's birth certif and non-transferrable). Payment #1 is also due at time. These payments are non-fundable and non-transferrable result in your child being removed from the class. Tuition full or in 10 payments (please see payment schedules).	ficate, the \$75.00 ne of registration ble. Failure to mak on is a yearly fee.	registration fee (non-refundable Payment #2 is due on 8/1/25. te these scheduled payments will
***PLEASE NOTE CHANGES TO TU	JITION PAYME	ENT SCHEDULE. ***
The following programs will be offered for the 2025-202 and can possibly change). Please mark which program		
4 YEAR OLD	PROGRAM	<u>1</u>
Children must be 4 years of age on or before Dec. 1, 2 independently. (COMPLETELY TOILET-TRAINED) 5 day AM 9:00 - 12:00 \$3,950.00 or 1 5 day PM 12:30 - 3:15 \$3,600.00 or 1		

Tuition discounts are given as follows:

Member Discount - \$100.00 off full tuition or \$10.00 off per payment given to members of St. John's Lutheran Church(Holbrook)

Multiple Child Discount - families enrolling more than one child in our school during the same school year will receive a 20% discount on the second child enrolled

Full payment discount - a 3% discount will be given to any family that pays full year tuition upfront

POLICIES AND PROCEDURES

(Please read before signing)

- 1. <u>Medical examination</u> is required for each child attending our school and must be submitted no later than August 1, 2025.
- 2. <u>Late pickup fee:</u> A fee of \$20.00 will be charged if your child is picked up from class after the designated dismissal time.
- 3. Waiting lists: We will start a waiting list once a session is closed out.
- **4.** Returned check policy: There will be a \$20.00 service fee for all checks returned to us. The amount of the check plus the service fee must be paid in cash. (we do not redeposit 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.
- **5.** All classes are subject to enrollment. All enrollments are considered to be for the entire year (September 2025-June 2026). 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.
- **6.** <u>School calendar:</u> Our school calendar basically follows the Sachem School District except for Jewish holidays and in addition, any days designated by the Nursery School Board.
- 7. <u>Snow days:</u> We follow Sachem School District closings on snow days. If Sachem School District has a delayed opening our AM classes will be closed. If Sachem School District has an early release our PM classes will be closed. There may be times St. John's Lutheran Nursery School will close even if Sachem School District is open. We do not make up any snow days.
- 8. 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 the above policies and procedu	ires:	
SIGNATURE:	DATE:	
RELATIONSHIP TO CHILD:		

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 $\textbf{Email:} \ \underline{\textbf{sjnurseryschool@outlook.com}} \quad \textbf{.} \ \ \textbf{Website:} \ \underline{\textbf{www.sjnurseryschool.com}}$

Child's Name:		Date of birth:			
Address:		City:Zip:			_Zip:
Mother:		Employer:			
Phone#:		Email:			
Father:		Employer:			
Phone#:		Email:			
Siblings: Name:	Age:	Name:	Age:	Name:	Age:
Marital Status of Parents					
If there are any custody,	visitation or any oth	ner custody relate	ed matters, please lis	st below:	
Any person(s) authorized when asked. The child witimes this may be inconverthe safety of your child. P	Il not be released benient; nonetheless lease list any addit	by the staff if no a s, we ask for your ional people auth	ppropriate identificate full cooperation as norized to pick up yo	tion is produced. We the whole purpose ur child below:	/e realize that at of this procedure is
Name:					
Name:					
Name:		Phone	# :	Relationship)
List health information that		,	_		vity restrictions,
regular medication, etc: _					
Does your child receive a					
Any additional information	າ you would like us	to know about yo	our child:		
Parent/Guardian Signatu				Date:	

St. John's Lutheran Nursery School 2025-2026 Tuition Payment Schedule

PAYMENT #	<u>DUE DATE</u>
1	Due at time of registration
2	8/1/2025
3	9/1/2025
4	10/1/2025
5	11/1/2025
6	12/1/2025
7	1/1/2026
8	2/1/2026
9	3/1/2026
10	4/1/2026

ST. JOHN'S LUTHERAN NURSERY SCHOOL 1675 Coates Ave., Holbrook, NY 11741

Phone (631) 588-4347 • FAX (631) 588-8159 sinurseryschool@outlook.com • www.sinurseryschool.com

MEDICAL FORM

CHILD'S NAME				
		WEIGHT		
EYES	EARS	NOSE		
THROAT	HEART	LUNGS		
DPT (dates)				
POLIO (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 ADDRESS		DATE PHONE		
ADDI/FOO		FIIONE		

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*.