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

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

# 2 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 these forms along with a copy of your child's bin refundable/non-transferable). Payment #1 is du fee. You have the option to pay this fee in full o	rth certificate and the \$75.00 ue June 1, 2025 and is non-re	registration fee (non- efundable. Tuition is a yearly	
The following programs will be offered for the 2 and can possibly change). Please mark which բ	• • •	-	
, , ,			
2 YEAR OLD PLA	Y AND LEARN PR	OGRAM	
	. , ==,		
Children must be 2 years of age on or before E Tues/Thurs AM 9:30 - 11:30 (NOV. 9) Tues/Thurs PM 12:30 - 2:30 (NOV. 9) Mon/Wed/Fri AM 9:30 - 11:30 (NOV. 9) Mon/Wed/Fri PM 12:30 - 2:30 (NOV. 9)	9:30-12:00) \$2,700.00 or 10 12:30-3:00) \$2,700.00 or 10 9:30-12:00) \$3,000.00 or 10	9 payments of \$270.00 9 payments of \$270.00	

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 procedures:		
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:			D	ate of birth:	
Address:		Ci	ty:		Zip:
Mother:		Eı	mployer:		
Phone#:		Email:			
<sup>=</sup> ather:	Employer:				
<sup>2</sup> hone#:	Email:				
Siblings: Name:	Age:	Name:	Age:	Name:	Age:
Marital Status of Parents:					
f there are any custody,	visitation or any othe	er custody related ma	tters, please lis	st below:	
Any person(s) authorized when asked. The child witimes this may be inconverted safety of your child. Particularly was a second with the safety of your child. Particularly was a second with the safety of your child. Particularly was a second with the safety of your child. Particularly was a second with the safety of your child. Particularly was a second with the safety of your child.	Il not be released by enient; nonetheless, lease list any addition	y the staff if no appropulation we ask for your full conal people authorize Phone#:	oriate identifica ooperation as d to pick up yo	ition is produced. the whole purpose our child below: Relationsh	We realize that at
Name:		Phone#:		Relationsh	ip
List health information tha	at should be known l	by the teacher (allerg	es, vision/hea	ring problems, act	civity restrictions,
egular medication, etc: _					
Does your child receive a	iny services (Ex: spe	eech, OT, PT):			
Any additional information	n you would like us t	o know about your ch	ild:		

Date:

Parent/Guardian Signature:

### ST. JOHN'S LUTHERAN NURSERY SCHOOL 1675 Coates Ave., Holbrook, NY (631) 588-4347 - FAX (631) 588-8159

### **2 YEAR PLAY & LEARN**

We are anticipating an exciting and challenging year with our "Play & Learn" program. This is a 2-year program where the children are not necessarily toilet trained. For your child's protection as well as our staff's, we ask that you **please check ONE** of the boxes below in the event your child needs to be cleaned and changed.

	needs to be cleaned and	changed.	
		the staff of St. John's Lutheran Nursery	
	YES	NO	
	<u>C</u>	<u>DR</u>	
2.	School to call me and I v	the staff of St. John's Lutheran Nursery vill come in or make arrangements for o the school to clean and change my	ıild.
	YES	NO	
	********	*************	
CHIL	.D'S NAME		
PHO	NE #		
PARI	ENT'S SIGNATURE		
DATI	<b>=</b>		

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#### **MEDICAL FORM**

CHILD'S NAME					
		WEIGHT			
EYES	EARS	NOSE			
THROAT	HEART	LUNGS			
DPT (dates)					
MEASLES (dates)					
MUMPS (date)					
TUBERCULIN (date)					
HEPATITIS B (date)					
HIB (date)					
VARICELLA (born on or after 1/1/2000					
ALLERGIES					
SPECIAL REMARKS	SPECIAL REMARKS				
DOCTOR'S SIGNATURE_ ADDRESS		DATE PHONE			
/ \DDI\LOO		IIIOINL			

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*.

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

PAYMENT #	DUE DATE
	6/1/25 or
1	Due at time of registration
2	9/1/2025
3	10/1/2025
4	11/1/2025
5	12/1/2025
6	1/1/2026
7	2/1/2026
8	3/1/2026
9	4/1/2026
10	5/1/2026