

NEW HACKENSACK NURSERY SCHOOL

AT NEW HACKENSACK REFORMED CHURCH
1580 ROUTE 376, WAPPINGERS FALLS, NY 12590
www.newhackensacknurseryschool.org

APPLICATION FORM FOR 4 YEAR-OLD CLASS

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I hereby apply for the enrollment of my son/daughter in the New Hackensack Nursery School.

I understand the following:

- ✓ Tuition payments will be due July 15, October 15, January 15, and April 15, unless my child is withdrawn prior to these dates.
- ✓ I am required to submit upon the first day of school an up-to-date medical report signed by a doctor and including a record of all immunizations.
- ✓ If my child is absent from school for more than two weeks without notification to the teacher(s), he/she will lose his/her right to attend.
- ✓ New Hackensack Nursery School reserves the right to refuse admission to, or participation in, any class when in the opinion of the teachers and/or the Board of Directors, a child does not or cannot integrate into the classroom setting. If a child is excused from the program, any unused tuition will be refunded on a prorated basis.

Furthermore:

- ✓ My child is able to fully participate in all nursery school activities.
- ✓ I agree to comply with all rules established by the New Hackensack Nursery School

→ ***The following must be included with your application:***

1. Registration fee of \$50.00 made payable to *New Hackensack Nursery School* (this includes insurance fee).
 - For those enrolled, the registration fee is non-refundable.
 - For those remaining on the waiting list, but not yet in the program, the registration fee is refundable upon request until September 30th.
2. Photocopy of my child's birth certificate.
3. Signed financial commitment pledge.

APPLICATION FOR 2019 – 2020

____ 3's moving to 4's
____ Church Member
____ Currently Enrolled
____ Returning Family
____ New to Program (how did you hear of our program?) _____

Class Choices: In order of preference, please number your choice from 1 - 4 (1 being your first choice)

Monday, Wednesday, Friday AM _____

Tuesday, Thursday AM _____

Monday, Tuesday, Wednesday, Thursday, Friday PM (5-Day) _____

Monday, Wednesday, Friday PM-limited availability _____ (determined by enrollment in 5-day program)

Child's Name _____ Child's Birth Date _____ M/F _____

Address _____ Town _____ Zip Code _____

Home Phone _____ Cell Phone (Mother) _____ Cell Phone (Father) _____

Mother's Name _____ Email _____

Father's Name _____ Email _____

Are you also enrolling a child in the 3's program? _____

Date _____ Signature _____