

# 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

Abby Garcia, Director, 845-462-0810 x130  
NHNSDirector@outlook.com

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- ✓ Tuition payments will be due July 15, October 15, January 15, and April 15, unless my child is withdrawn prior to these dates.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 Director, 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 30<sup>th</sup>.
2. Photocopy of my child's birth certificate.
3. Signed financial commitment pledge.

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### APPLICATION FOR 2020 – 2021

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