NEW HACKENSACK NURSERY SCHOOL

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

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- ✓ Tuition payments will be due July 15, October 15, January 15, and April 15, unless my child is withdrawn prior to these dates.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

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3's APPLICATION FOR 2021 – 2022

Please select all that apply:

_____ Church Member
_____ Currently Enrolled or Returning Family (circle one)
_____ New to Program- How did you hear about NHNS?_____

Class Choices: In order of preference, please number your choice from 1 - 5 (1 being your first choice)

Monday, Wednesday, Friday AM _____ Tuesday, Thursday AM _____
Monday, Wednesday PM _____ Tuesday, Thursday PM _____
Monday, Tuesday, Wednesday, Thursday PM _____

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 4's program?_____

Date_____ Signature_____