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

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

# **4 YEAR OLD REGISTRATION PACKET** 2024-2025

CHILD'S FULL NAME\_\_\_\_\_ DATE OF BIRTH\_\_\_\_\_

STREET CITY ZIP

Please fill out all forms to register your child for our 2024-2025 nursery school programs. Please return these forms along with a copy of your child's birth certificate, the \$75.00 registration fee (non-refundable and non-transferrable). Payment #1 is also due at time of registration. Payment #2 is due on 8/1/24. These payments are non-fundable and non-transferrable. Failure to make these scheduled payments will result in your child being removed from the class. Tuition is a yearly fee. You have the option to pay this fee in full or in 10 payments (please see payment schedule).

## \*\*\*PLEASE NOTE CHANGES TO TUITION PAYMENT SCHEDULE. \*\*\*

The following programs will be offered for the 2024-2025 school year (all classes are subject to enrollment and can possibly change). Please mark which program you would like to register your child for.

# **4 YEAR OLD PROGRAM**

Children must be 4 years of age on or before Dec. 1, 2024 and must be able to use the bathroom independently. (COMPLETELY TOILET-TRAINED)

5 day AM	9:00 - 12:00	\$3,750.00 or 10 payments of \$375.00
5 day PM	12:45 - 3:45	\$3,550.00 or 10 payments of \$355.00

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, 2024.
- 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. <u>Waiting lists:</u> We will start a waiting list once a session is closed out.
- 4. <u>Returned check policy:</u> 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. <u>All classes are subject to enrollment</u>. All enrollments are considered to be for the entire year (September 2024-June 2025). 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.
- <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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Child's Name:		Date of birth:				
Address:		City:		_Zip:		
Mother:		Employer:				
Phone#:		Email:				
Father:		Employer:				
Phone#:		Email:				
Siblings: Name:	Age:Nam	e:Age:	Name:	Age:		
Marital Status of Parents:						
If there are any custody,	visitation or any other custo	ody related matters, please li	st below:			
when asked. The child wi times this may be inconve the safety of your child. P	Il not be released by the sta enient; nonetheless, we asl lease list any additional pe	ding the parents, must come aff if no appropriate identifica k for your full cooperation as ople authorized to pick up yo Phone#:	tion is produced. W the whole purpose our child below:	e realize that at of this procedure is		
		Phone#:				
		Phone#:				
	at should be known by the t	eacher (allergies, vision/hea				
		PT, PT):				
Any additional information	ו you would like us to know	about your child:				

# St. John's Lutheran Nursery School 2024-2025 Tuition Payment Schedule

PAYMENT #	DUE DATE
1	Due at time of registration
2	8/1/2024
3	9/1/2024
4	10/1/2024
5	11/1/2024
6	12/1/2024
7	1/1/2025
8	2/1/2025
9	3/1/2025
10	4/1/2025

# ST. JOHN'S LUTHERAN NURSERY SCHOOL 1675 Coates Ave., Holbrook, NY 11741 Phone (631) 588-4347 • FAX (631) 588-8159 <u>sjnurseryschool@outlook.com</u> • <u>www.sjnurseryschool.com</u>

# **MEDICAL FORM**

CHILD'S NAME					
BIRTHDATE	HEIGHT	WEIGHT			
EYES	EARS	NOSE			
THROAT	HEART	LUNGS			
DPT (dates)					
POLIO (dates)					
RUBELLA (dates)					
MEASLES (dates)					
MUMPS (date)					
TUBERCULIN (date)					
HEPATITIS B (date)					
HIB (date)					
VARICELLA (born on or a	fter 1/1/2000				
ALLERGIES					
SPECIAL REMARKS					
DOCTOR'S SIGNATURE		DATE			
ADDRESS		PHONE			
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.