

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

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

3 YEAR OLD REGISTRATION PACKET **2026-2027**

CHILD'S FULL NAME _____ DATE OF BIRTH _____

STREET _____ CITY _____ ZIP _____

Please fill out all forms to register your child for our 2026-2027 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 due on 6/1/26. Payment #2 is due on 9/1/26.** These payments are non-fundable and non-transferable. 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 2026-2027 school year (all classes are subject to enrollment and can possibly change). Please mark which program you would like to register your child for.

3 YEAR OLD PROGRAM

Children must be 3 years of age on or before Dec. 1, 2026, and should be either completely toilet-trained or close to toilet-trained.

_____ Tues/Thurs AM	9:00 - 12:00	\$3,250.00 or 10 payments of \$325.00
_____ Mon/Wed/Fri AM	9:00 - 12:00	\$3,650.00 or 10 payments of \$365.00
_____ Mon/Wed/Fri PM	12:30 - 3:00	\$3,400.00 or 10 payments of \$340.00
_____ 5 day AM	9:00 - 12:00	\$3,950.00 or 10 payments of \$395.00
_____ 5 day PM	12:30 - 3:00	\$3,750.00 or 10 payments of \$375.00

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 10% 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. **Medical examination** is required for each child attending our school and must be submitted no later than August 1, 2026.
2. **Late pickup fee:** 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. **Withdrawal from class:** We require 30 days written notice to withdraw from our classes. Any tuition payments that are due within the 30 days and any outstanding/past due tuition payments are required to be paid in full.
5. **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.
6. **All classes are subject to enrollment.** All enrollments are considered to be for the entire year (September 2026-June 2027). No refunds for tuition will be granted for the temporary removal of a child from school.
7. **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: _____ Name: _____ Age: _____ Name: _____ Age: _____

Marital Status of Parents: _____

If there are any custody, visitation or any other custody related matters, please list below:

Any person(s) authorized to pick up your child, including the parents, must come prepared to show photo identification when asked. The child will not be released by the staff if no appropriate identification is produced. We realize that at times this may be inconvenient; nonetheless, we ask for your full cooperation as the whole purpose of this procedure is the safety of your child. Please list any additional people authorized to pick up your child below:

Name: _____ Phone#: _____ Relationship _____

Name: _____ Phone#: _____ Relationship _____

Name: _____ Phone#: _____ Relationship _____

List health information that should be known by the teacher (allergies, vision/hearing problems, activity restrictions, regular medication, etc): _____

Does your child receive any services (Ex: speech, OT, PT): _____

Any additional information you would like us to know about your child: _____

Parent/Guardian Signature: _____ Date: _____

St. John's Lutheran Nursery School
2026-2027
Tuition Payment Schedule

*To withdraw your child from their class, St. John's Nursery School requires 30 days written notice. Any tuition payments due that fall within the written 30 days notice and any past due tuition payments are your responsibility and are required to be paid in full.

<u>PAYMENT #</u>	<u>DUE DATE</u>
1	6/1/2026
2	9/1/2026
3	10/1/2026
4	11/1/2026
5	12/1/2026
6	1/1/2027
7	2/1/2027
8	3/1/2027
9	4/1/2027
10	5/1/2027

Parent/Guardian Signature _____ Date: _____

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

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 after 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.**