

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

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## **3 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 and the \$75.00 registration fee (non-refundable/non-transferable). Payment #1 is due June 1, 2024 and is non-refundable. Tuition is a yearly fee. You have the option to pay this fee in full or in 10 payments (please see 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.

### **3 YEAR OLD PROGRAM**

Children must be 3 years of age on or before Dec. 1, 2024 and should be either completely toilet-trained or close to toilet-trained.

_____	Tues/Thurs AM	9:00 - 12:00	\$2,800.00 or 10 payments of \$280.00
_____	Mon/Wed/Fri AM	9:00 - 12:00	\$3,200.00 or 10 payments of \$320.00
_____	Mon/Wed/Fri PM	12:30 - 3:00	\$3,050.00 or 10 payments of \$305.00
_____	5 day AM	9:00 - 12:00	\$3,600.00 or 10 payments of \$360.00
_____	5 day PM	12:30 - 3:00	\$3,300.00 or 10 payments of \$330.00

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. **Medical examination** is required for each child attending our school and must be submitted no later than August 1, 2024.
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. **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.
5. **All classes are subject to enrollment.** 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.
6. **School calendar:** 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. **Snow days:** 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: \_\_\_\_\_ 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  
2024-2025  
Tuition Payment Schedule

<b><u>PAYMENT #</u></b>	<b><u>DUE DATE</u></b>
1	6/1/24 or Due at time of registration
2	9/6/2024
3	10/1/2024
4	11/1/2024
5	12/1/2024
6	1/1/2025
7	2/1/2025
8	3/1/2025
9	4/1/2025
10	5/1/2025

**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.**