



Faith Nursery School 2018/2019 Registration Form

231 Jackson Avenue
Syosset, NY 11791
(516) 921 - 3330

Name of Child: _____ Gender: _____

Date of Birth ____/____/____ Home Phone # (____) _____ - _____

Parent E-mail Address: _____

Address: _____

Mother's Name: _____ Cell # (____) _____ - _____

Father's Name: _____ Cell # (____) _____ - _____

Please list any Allergies: _____

A medical statement, with immunization records, from your child's physician will need to be submitted, before your child starts the program.

Toddler 30 - Months and up (Must be 30 months to start)
Nursery Class - 3-year olds (3rd Birthday on or before 12/1/15)
Pre-K Class - 4-year olds (4th Birthday on or before 12/1/14)

Half Day: 9:15-11:45

- _____ 3 Days: \$2,900.00
- _____ 4 Days: \$3,800.00
- _____ 5 Days: \$4,500.00

Extended Day: 9:15 - 1:15

- _____ 3 Days: \$3,980.00
- _____ 4 Days: \$5,240.00
- _____ 5 Days: \$6,300.00

Full Day: 9:15-3:00

- _____ 3 Days: \$5,800.00
- _____ 4 Days: \$7,200.00
- _____ 5 Days: \$8,000.00

Please indicate what days your child will attend:

(Three-day classes are usually Monday/Wednesday/ Friday, however, we can adjust days if needed)

____Monday ____Tuesday ____Wednesday ____Thursday ____Friday

Before Care and After Care is available at \$15.00 per hour, 7:30-9:00am and 3:00-6:00pm

Hours needed: Before Care - _____ After Care - _____

A nonrefundable deposit of \$100 is due at the time of registration.

This fee holds your child's spot

_____ I have included the nonrefundable \$100. Deposit: _____ Cash _____ Check # _____

Signature

Date

Faith Nursery School 2018/2019 Registration Form - Continued

AUTHORIZATION FOR PICK-UP

I authorize the following people to pick up my child:

Main pick-up person's Name: _____ Phone #: _____
Address: _____ Relationship: _____

Additional persons authorized to pick up my child:

Name: _____ Phone #: _____
Address: _____ Relationship: _____

Name: _____ Phone #: _____
Address: _____ Relationship: _____

If, due to unforeseen circumstances or an emergency, it is necessary for someone else to pick up your child, a note from the parent or a telephone call is necessary. Please be aware that the person may be asked to identify him or herself before we release your child.

Emergency Contact: In the event of an emergency and I cannot be reached, the following person is authorized to act on my behalf. _____

Name: _____

Relationship: _____

Phone Number: _____

Email: _____

Playground Statement: As Required by OCFS

Faith Nursery School's playground is located on the adjacent piece of property that is owned by the Church, next to the school, at 239 Jackson Ave. Because of this it is considered "off site." The Church owns and maintains the property and all safety measures have been taken to assure the safety of your child.

I give my child permission to play there. _____

Photo Permission:

From time to time, photos will be taken at special events. The school reserves the right to use these photos from news releases and posting to the church and school website.

_____ Yes, my child's photo may be used for legitimate school purposes

_____ No, I object to having my child's photo published

Napping Agreement As Required by OCFS

The State of New York recommends that all programs serving pre-k age students provide a regularly scheduled nap or rest time for students who will attend full-day programs. Faith Nursery School follows this recommendation. We are also required, by the OCFS, to keep a "napping agreement" on file for each child in our program, so each parent is aware of this mandate.

_____ My signature indicates that I have read and understand all the above.

Parent Signature: _____ Date: _____

Please Print Name: _____