



Faith Nursery School

2020/2021 Registration Form

Ages 30 months – 5 years old

231 Jackson Avenue
 Syosset, NY 11791
 (516) 921 – 3330
 www.faithsyosset.org

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

Classes Available:

Toddler 30 Months and up <small>(Must be 30 months to start)</small>	Nursery Class 3-year olds <small>(3rd Birthday on or before 12/1/17)</small>	Pre-K Class 4-year olds <small>(4th Birthday on or before 12/1/16)</small>
<u>Half Day: 9:15–11:45</u> ____ 3 Days: \$2,975.00 ____ 4 Days: \$3,900.00 ____ 5 Days: \$4,620.00 <u>Extended Day: 9:15 – 1:15</u> ____ 3 Days: \$4,080.00 ____ 4 Days: \$5,375.00 ____ 5 Days: \$6,460.00 <u>Full Day: 9:15-3:00</u> ____ 3 Days: \$5,950.00 ____ 4 Days: \$7,380.00 ____ 5 Days: \$8,200.00	<u>Half Day: 9:15–11:45</u> ____ 3 Days: \$2,975.00 ____ 4 Days: \$3,900.00 ____ 5 Days: \$4,620.00 <u>Extended Day: 9:15-1:15</u> ____ 3 Days: \$4,080.00 ____ 4 Days: \$5,375.00 ____ 5 Days: \$6,460.00 <u>Full Day: 9:15-3:00</u> ____ 3 Days: \$5,950.00 ____ 4 Days: \$7,380.00 ____ 5 Days: \$8,200.00	<u>Half Day: 9:15–11:45</u> ____ 3 Days: \$2,975.00 ____ 4 Days: \$3,900.00 ____ 5 Days: \$4,620.00 <u>Extended Day: 9:15-1:15</u> ____ 3 Days: \$4,080.00 ____ 4 Days: \$5,375.00 ____ 5 Days: \$6,460.00 <u>Full Day: 9:15-3:00</u> ____ 3 Days: \$5,950.00 ____ 4 Days: \$7,380.00 ____ 5 Days: \$8,200.00

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, 8:00-9:15am and 3:00-5:00pm

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