



Faith Nursery School

2021/2022 Registration Form

Ages 3 – 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:

Nursery Class 3-year olds <small>(3rd Birthday on or before 12/1/18)</small>	Pre-K Class 4-year olds <small>(4th Birthday on or before 12/1/17)</small>
<u>Half Day: 9:15–11:45</u> _____ 3 Days: \$3,248 _____ 4 Days: \$4,328 _____ 5 Days: \$4,840	<u>Half Day: 9:15–11:45</u> _____ 3 Days: \$3,248 _____ 4 Days: \$4,328 _____ 5 Days: \$4,840

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

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

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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. The person will 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 the Office of Children and Family Services (OCFS) Faith Nursery School's playground is located on the adjacent piece of property (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. _____
initial

Photo Permission:

From time to time, photos will be taken at special events. The school reserves the right to use these photos for 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

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

Parent Signature: _____ Date: _____

Please Print Name: _____