

**NEW HACKENSACK NURSERY SCHOOL**  
**LOCATED AT NEW HACKENSACK REFORMED CHURCH**  
**1580 ROUTE 376, WAPPINGERS FALLS, NY 12590 845-462-0810**  
**www.newhackensacknurseryschool.org**  
**APPLICATION FORM FOR 4 YEAR-OLD CLASS**  
 4 Year-Old Registrar, Amy Ostrander, Ext. 183

I hereby apply for the enrollment of my son/daughter in the New Hackensack Nursery School.

I understand the following:

- ~ Tuition payments will be due July 15, October 15, January 15, and April 15, unless my child is withdrawn prior to these dates.
- ~ I am required to submit upon the first day of school an up-to-date medical report signed by a doctor and including a record of all immunizations.
- ~ If my child is absent from school for more than two weeks without notification to the teacher(s), he/she will lose his/her right to attend.
- ~ If the teacher(s) should deem it necessary to remove a child from class, any unused tuition will be refunded on a prorated basis.
- ~ New Hackensack Nursery School reserves the right to refuse admission to, or participation in, any class when in the opinion of the teachers and/or the Board of Directors, a child does not or cannot integrate into the classroom setting.

Furthermore:

- ~ My child is able to fully participate in all nursery school activities.
- ~ I agree to comply with all rules established by the New Hackensack Nursery School

**L The following must be included with your application:**

1. Registration fee of \$45.00 (this includes insurance fee).
  - For those enrolled, the registration fee is non-refundable.
  - For those remaining on the waiting list, but not yet in the program, the registration fee is refundable upon request until September 30<sup>th</sup>.
2. Photocopy of my child's birth certificate.
3. Signed financial commitment pledge.

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 APPLICATION  
 FOR 2012 - 2013

- 3's moving to 4's and/or Church Member
- Currently Enrolled
- Returning Family
- New to Program

Class Choices: In order of preference, please number your choice from 1 - 4 (1 being your first choice)

Monday, Wednesday, Friday AM \_\_\_\_\_ Tuesday, Thursday AM \_\_\_\_\_  
 Monday, Wednesday, Friday PM \_\_\_\_\_ Tuesday, Thursday PM \_\_\_\_\_

Son's Name \_\_\_\_\_ Child's Birth Date \_\_\_\_\_  
 Daughter's Name \_\_\_\_\_ Child's Birth Date \_\_\_\_\_  
 Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_