

**NEW HACKENSACK NURSERY SCHOOL**

AT NEW HACKENSACK REFORMED CHURCH  
1580 ROUTE 376, WAPPINGERS FALLS, NY 12590  
www.newhackensacknurseryschool.org

**2023-2024 APPLICATION FORM FOR 3-YEAR-OLD CLASS**

*Abby Garcia, Director, 845-462-0810 x130  
NHNSDirector@outlook.com*

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- ✓ Tuition payments will be due July 15, October 15, January 15, and April 15, unless my child is withdrawn prior to these dates.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 by 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.
- ✓ New Hackensack Nursery School reserves the right to refuse admission to, or participation in, any class when in the opinion of the teachers and Director, a child does not or cannot integrate into the classroom setting. If a child is excused from the program, any unused tuition will be refunded on a prorated basis.

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

**→ The following must be submitted to confirm your application:**

1. Registration fee of \$50.00 made payable to *New Hackensack Nursery School* (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.

**3’s APPLICATION FOR 2023 – 2024**

Please select all that apply:

- Church Member
- Currently Enrolled or Returning Family (circle one)
- New to Program- How did you hear about NHNS? \_\_\_\_\_

**Class Choices:** In order of preference, please number your choice from 1 - 5 (1 being your first choice)

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

Child’s Name \_\_\_\_\_ Child’s Birth Date \_\_\_\_\_ M/F \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone(mother) \_\_\_\_\_ Cell Phone(father) \_\_\_\_\_

Mother’s Name \_\_\_\_\_ Email \_\_\_\_\_

Father’s Name \_\_\_\_\_ Email \_\_\_\_\_

Are you also enrolling a child in the 4’s program? \_\_\_\_\_

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