

**NEW HACKENSACK NURSERY SCHOOL**

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

**2023-2024 APPLICATION FORM FOR 4-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- ✓ Tuition payments will be due July 15, October 15, January 15, and April 15, unless my child is withdrawn prior to these dates.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:**

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.

**4’s APPLICATION FOR 2023– 2024**

- \_\_\_\_\_ 3's moving to 4's
- \_\_\_\_\_ Church Member
- \_\_\_\_\_ Currently Enrolled
- \_\_\_\_\_ Returning Family
- \_\_\_\_\_ New to Program (how did you hear of our program?) \_\_\_\_\_

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

- Monday, Tuesday, Wednesday, Thursday, Friday AM (5-DAY) \_\_\_\_\_
- Monday, Wednesday, Friday AM-limited availability \_\_\_\_\_ (determined by enrollment in 5-day program)
- Monday, Tuesday, Wednesday, Thursday, Friday PM (5-DAY) \_\_\_\_\_
- Monday, Wednesday, Friday PM-limited availability \_\_\_\_\_ (determined by enrollment in 5-day program)

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 3’s program? \_\_\_\_\_

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