

NEW HACKENSACK NURSERY SCHOOL

1580 ROUTE 376, WAPPINGERS FALLS, NY 12590

www.newhackensacknurseryschool.org

2024-2025 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- ✓ Tuition payments will be due July 15, October 15, January 15, and April 15, unless my child is withdrawn prior to these dates.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 participate fully 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).
2. Photocopy of my child’s birth certificate.
3. Signed financial commitment pledge.

- When enrolled, the registration fee is non-refundable.

- If on the waiting list, but not yet in the program, the registration fee is refundable upon request until September 30th.

4’s APPLICATION FOR 2024 – 2025

Please circle all that apply:

1.Church Member 2. Currently Enrolled or Returning Family 3.New to Program- How did you hear about us?

Class Choices: In order of preference, please number your choice. If you’d like both classes, please note that.

Monday, Tuesday, Wednesday, Thursday, Friday AM _____ Monday, Wednesday, Friday AM _____

IMPORTANT: IF THE NUMBERS WARRANT IT, WOULD YOU BE INTERESTED IN A PM SESSION?

YES _____ NO _____

Child’s Name _____ Child’s Birth Date _____ M/F _____

Address _____

Best Contact Numbers:

1st _____ Mother _____ Father _____ Other _____

2nd _____ Mother _____ Father _____ Other _____

3rd _____ Mother _____ Father _____ Other _____

Email _____

Email _____

Are you also enrolling a child in the program? _____

Date _____ Signature _____