THREES AND FOURS FAMILIES.. PLEASE CHECK A 1ST and 2ND CHOICE FOR CLASS SELECTION.

Terrific Twos Program (with caregiver)
Three Year Old TTH AM Program Three Year Old MWF AM Program
Four Year Old MWF PM Program Four Year Old TWTHF AM Program

The Village Nursery School 222 Hudson Street Cornwall-on-Hudson, NY 12520 534-9254

Child's Name:		Birth	ndate:
Name child answers to:			
Mailing Address:			
Town:		Zip:	
Home Phone:	E-mai	l address:	
Mother			
Name:			
Cell Phone:			
Occupation:			
Business Phone:			
Father			
Name:			
Cell Phone:	O	ccupation:	
Business Phone:			
Business Address:			
Email:			
Other children in family:			
Name:	Birthdate:		Name:
Birthdate:	Name:		Birthdate:
Who does the child live wit	h?		
*ALLERGIES- especially in	regard to food:		
*Physical Conditions requir	ing special attention	at school:	
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Please answer the following questions so we can get to know your child better:
Do you have any children currently enrolled at VNS?
Does your child play with other children regularly?
Does your child make friends easily?
Does your child play well alone? Does your child put away his/her own toys?
Does your child prefer to use the right hand or left hand?
Does your child use the bathroom unassisted?
Does your child speak so that others can understand him/her?
Does your child have any specific speech difficulties? Explain:
Do you have any pets? Yes No Type and name:
s any language other than English spoken at home? Yes No What language and how often:
Has your child ever attended school before? Yes No If so, where?
Has your child had any previous group experience? (i.e. library, musical programs, dance, mommy and me)
Does your child become upset when you leave him/her?
Under what circumstances does your child become upset or concerned?
What helps to reassure your child when he/she is upset?
Is there anything else you would like to tell us about your child?

Why are you enrolling your child in nursery school?
What is your religious preference? (optional)
I hereby grant my child's teacher permission to seek emergency medical help in the event that my child is injured or otherwise in need of medical care. I understand that every effort will be made to contact me and/or the emergency contact people that I provide to VNS. I will assume financial responsibility for treatment rendered during this time. Parent's signature: Date:
VNS plans several walking trips for the children each year (The 4-year-olds visit Storm King Fire House, C-O-H Post Office, and Cornwall Library while the 3-year-olds stay close to VNS to observe signs of the seasons). I grant permission for my child to participate in walking trips with the class. Parent's signature: Date:
Throughout the year we take photos of the children (many of which end up in the 4's journal) and we like to share them with local newspapers. No names of children will be given, only a general statement below the photo. I grant permission to release a photo of my child to the local newspapers. Parent's signature: Date:
I grant permission for my child's photo to be used on the Village Nursery School Webpage. No names will be used on the webpage. Parent's signature: Date:
How did you hear about The Village Nursery School? friend or family referral newspaper ad Cornwall Local The Sentinel flyer/poster - where? other:
I agree to pay the monthly tuition (check applicable program) \$70 for the Twos/Mommy and Me program \$140.00 for the T/TH three-year-old program \$190.00 for the MWF three-year-old program \$190.00 for the MWF four-year-old program \$305 for the TWTHF four-year-old program.

I also agree to pay a registration fee of \$55.00 at the time of registration. If your child is currently a student at VNS or you are an alumni family, the \$55 registration fee will be applied toward your September 2018 tuition. I agree to pay SEPTEMBER TUITION no

later than JUNE 15th in order to guarantee my child's enrollment, otherwise my child ma	ay
lose his or her placement for September. I understand that the registration fee and	-
September tuition are non-refundable should I decide to withdraw my child from VNS.	
Parent Signature: Date:	