

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

\_\_\_\_\_ Terrific Twos Program (with caregiver)

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

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Name child answers to: \_\_\_\_\_ Gender: M F  
Mailing Address: \_\_\_\_\_  
Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Parent /Caregiver Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Parent/Caregiver Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Other children in family:  
Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Who does the child live with?

\*ALLERGIES- especially in regard to food:

\_\_\_\_\_

\*Physical Conditions requiring special attention at school:

\_\_\_\_\_

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: \_\_\_\_\_

Is 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 tuition (check applicable program)**

**\_\_\_\_ Terrific Twos (with caregiver/October-May) Mondays at 10:00-11:15-\$560.00 for eight months (\$70.00 paid monthly)**

I also agree to pay first mont of October 2019 tuition of \$70.00 at the time of registration as well as a \$50.00 one time family registration fee (the registration fee is for new families only). This fee is waived for current families as well as alumni. I agree to pay monthly installments of \$70.00 starting November 1st, 2019-May 1st, 2020. I understand that the registration fee and September tuition deposit are non-refundable should I decide to withdraw my child from VNS.

Parent/Caregiver Signature: \_\_\_\_\_

Date: \_\_\_\_\_