

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: _____ 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)

Threes Program (September-June)

___ TTH 9:00-11:45 - \$1,600.00 for ten months (\$160.00 paid monthly)

___ MWF 9:00-11:45 - \$2,100.00 for ten months (\$210.00 paid monthly)

Fours Program (September-June)

___ MWF 12:15-3:00PM- \$2,200.00 for ten months (\$220.00 paid monthly)

___ TWTHF 9:15-12:45 (with lunchtime)- \$3,200.00 for ten months (\$320.00 paid monthly)

I also agree to pay a tuition deposit of \$100.00 toward first month tuition 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 the remaining SEPTEMBER balance no later than April 15th (new families) and July 15th (current families) in order to guarantee my child's enrollment. I understand that my child may lose his or her placement for September if payment is not received by this date. 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: _____