

Faith Nursery School Registration 2009 - 10

Name	
Program Selection	
<u>3 YR. OLDS:</u> (circle) 2 Day Program (Tu, Th) AM or PM (check to sign up) <input type="checkbox"/> Adding Friday (AM only)	<u>4 YR. OLDS:</u> (circle) 3 Day Program (M,W,F) AM or PM <input type="checkbox"/> Adding Tu/Th enrichment classes (AM only)
Nickname: (if used at school)	Date of Birth: / /

Parent(s) or Guardians:	Telephone:
_____	Cell phone:
Email address:	Beeper:
Address:	
Siblings: (names and ages)	
Church Affiliation: (home church)	
How did you hear about our school?	

Parent or Guardian's Employer:	Telephone:
Work Address:	_____
Parent or Guardian's Employer:	Telephone:
Work Address:	_____

EMERGENCY & MEDICAL INFORMATION: Please name a friend or relative who can be called upon to assume responsibility if your child is ill or injured and you cannot be reached.

Name:	Relationship:
Telephone:	Address:
Child's Doctor:	Telephone:
Allergies:	(cont. on back)
Special Needs:	(cont. on back)
I acknowledge that in the event of injuries sustained by my children while enrolled in Faith Nursery School of the Three Village Church, that I will not hold the school, faculty, church officers, or members liable for damages.	
Signature:	Date: / /

Registration requires one month's tuition plus a one time \$5.00 insurance fee as follows:

\$205 4 yr. old program 3 days (Registration fee is a total of \$210 for this program)

\$345 4 yr. old program 5 days (Registration fee is a total of \$350 for this program)

\$175 3 yr. old program 2 days (Registration fee is a total of \$180 for this program)

\$260 3 yr. old program 3 days (Registration fee is a total of \$265 for this program)

The registration fee is applied to May's tuition. It is non-refundable if you withdraw your child before the end of the school year. Please mail this form and your deposit to: Faith Nursery School, 322 Main St., E. Setauket, NY 11733

****PLEASE NOTE: *One half* of the registration fee is refundable if you withdraw your child prior to June 1st; after that *none of the fee will be refunded.***

FOR OFFICE USE ONLY

Check Amount:	Check Number:	Date: / /
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