Garden Manor Nursery School of Christ Church

33 Jefferson Street, Garden City, NY 11530 Pat Martin, Administrator (516) 775-2626

2018-19 Early Registration (Due December 31, 2017) Pre-Kindergarten Five Day Morning Monday - Friday 9:00 – 11:30 am

I agree to the enrollment of my child in the Garden Manor Nursery School of Christ Church for the **2018-2019** school year. School will open after labor day and close in early June. Specific dates to be determined.

Child's Name		M or F	' Bin	rth Date:		
Mother's NameAddress:		Father's				
		Addres				
(Street)			(Street)			
(Town & Zip)			(Town & Zip			
Occupation:		Occup	ation			
Home Phone:	Work Pho	one Mom	om E-Mail			
Cell Phone Work Phone Dad			E-Mail			
Contact person in case of emer	gency: (other th	an parents)				
Primary: Name:		Seco	Secondary: Name:			
Phone:			Phone:			
**IMPORT	ANT INFORM	ATION MU	JST BE CO	OMPLETED (by parents)		
Allergies			_ Physical disabilities:			
Other children in family & ages		I Hysic	ai aisaoint			
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I agree to make payments for tu Tuition for the 2018-2019 Scho			osed is my	non-refundable \$175.00 Registration fe	æ.	
	1800.00					
	1800.00					
(*There will be	a late charge of \$25	5.00 per term if	not received	l on or before the designated date.)		
<u>Tuition Reimbursement Policy:</u> if a <u>Full Reimbursement</u> - if the withdra 50% Reimbursement - if the withdra	awal is on or <u>befor</u>	e May 1 st	-	ayment has been made, there will be: ment plan, you owe balance of 50% of fall tuit	ion)	
	^t , tuition is not sub	ject to reimbu		d all tuition payments for the entire school yea		
PLEASE MAK	E CHECKS PAY	ABLE TO O	ARDEN M	MANOR NURSERY SCHOOL.		
Signature of Parent		Da	Date			
I give permission for my child t School.	o participate in	the local field	d trips as a	arranged by the Garden Manor Nursery		

Date

Signature of Parent

Are you a member of a local parish or Church? Name of parish:_