Garden Manor Nursery School of Christ Church

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

2019-20 Early Registration (Due December 31, 2018) Pre-Kindergarten Five Day Program

(CIRCLE ONE) Monday - Friday 9:00 – 11:30 am Monday – Friday 9:00 – 1:00 pm

I agree to the enrollment of my child in the Garden Manor Nursery School of Christ Church for the **2019-2020** school year. School will open after labor day and close in early June. Specific dates to be determined.

Child's Name	N	A or F	Birth Date	:	
Mother's Name		Father's Name			
Address:	A	ddress:			
(Street)		(Stre	et)		
(Town & Zip)			vn & Zip)		
Occupation:		Occupation_			
Home Phone:	Work Phone Mo	om	H	E-Mail	
Cell Phone	Work Phone Da	e DadE-Mail			
Contact person in case of en	nergency: (other than par	ents)			
Primary: Name:	Secondary: Name:				
Phone:	Phone:				
Allergies/Physical disabilitie Other children in family & ag * * * * * * * * * * * * I agree to make payments for First Half Payment: Second Half Payment:	ges * * * * * * * * * * * * * * * * * * *	* * * * * Enclosed is Exter \$ \$	* * * * * * * s my <u>non-ref</u> ided (9am – 2650.00 <u>2650.00</u>	: * * * * <u>undable</u> \$ 1:pm) Due:	****
	\$3800.00 be a late charge of \$25.00 per	•	5300.00 eived on or befo	ore the desig	nated date.)
<u>Tuition Reimbursement Policy:</u> <u>Full Reimbursement</u> - if the with <u>50% Reimbursement</u> - if the with If a child is withdrawn after July remain due and payable in accor <u>PLEASE MA</u>	drawal is on or <u>before May</u> hdrawal is on or <u>before June</u> y 1 st , tuition is not subject to p	<u>1st 30th.</u> (if on a reimburseme edule.	a payment plan nt and all tuitio	n, you owe b on payment	palance of 50% of fall tuition) s for the entire school year will
Signature of Parent		Date			
I give permission for my child t	o participate in the local fie	ld trips as an	ranged by the	Garden Ma	nor Nursery School.
Signature of Parent		Date			

• Optional payment plan available upon request