Garden Manor Nursery School of Christ Church

33 Jefferson Street, Garden City, New York 11530

Pat Martin, Administrator (516) 775-2626

2020-2021 (Early) Registration Pre-School Three Day Morning

Monday – Wednesday - Friday 9:00-11:30am

I agree to the enrollment of my child in the Garden Manor Nursery School of Christ Church for the **2020-2021** school year. School will open after labor day and close in early June. Specific dates to be determined.

Child's Name		M or F	Birth Date:	:		
Mother's Name						
Address:		Address:				
(Street)			(Street)			
(Town & Zip)		(Town & Zip)				
Occupation	Occupation					
Home Phone	Cell (Mo	om)		E-Mail		
Work Phone	Cell (Da	d)E-Mail				
Contact norman in acres of	f and a way on a set of a se	han nananta	`			
Contact person in case o				m 0		
Primary Name Phone			Secondary Name Phone			
		111	one			
**IN	IPORTANT INFOR	MATION I	MUST BE C	COMPLETED (by parents)		
Allergies/Physical disabi	lities/Early Interventio	n				
Other children in family	& ages					
* * * *	* * * * * * * * * *	* * * * *	* * * * *	* * * * * * * * *		
I agree to make payment Tuition for the 2020-202			losed is my <u>1</u>	non-refundable \$175.00 Reg	gistration fee.	
First Half Payment:	\$1338.00 I	Due: May 1	15, 2020*			
Second Half Payment: \$1337.00 Due: November 30, 2020*						
(*The	e will be a late charge of \$	25.00 per tern	n if not received	d on or before the designated date.)	
<u>Tuition Reimbursement Pol</u> Full Reimbursement - if the			full tuition pay	yment has been made, there will be): 	
50% Reimbursement - if the	e withdrawal is on or <u>befo</u> r after July 1 st , tuition is n	<u>re June 30th.</u> ot subject to	reimbursemer	ent plan, you owe balance of 50% of nt and all tuition payments for th		
PLEAS	E MAKE CHECKS PA	AYABLE TO	O GARDEN :	MANOR NURSERY SCHOO	<u>)L</u>	
Signature of Parent			Date			
I give permission for my	child to participate in	the local fie	ld trips as ar	ranged by the Garden Manor	Nursery School.	
Signature of Parent			Date			