## **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 TODDLER Two Day Morning Monday - Wednesday 9:00-11:00am

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:	
(Street)		(Street)	
(Town & Zip)		(Town & Zip)	
Occupation		Occupation	
		e Mom E-Mail	
Cell Phone	Cell Phone I	DadE-Mail	
Contact person in case of	emergency: (other than	parents)	
Primary: Name:		Secondary: Name:	
Phone:			
**IM	PORTANT INFORMA	ATION MUST BE COMPLETED (by parents)	
Allergies/ Physical disabili	ties/Early Intervention_		
		* * * * * * * * * * * * * * * * * * * *	
I agree to make payments: Tuition for the <b>2020-2021</b>		low. Enclosed is my <b>non-refundable</b> \$175.00 Registration fee.	
First Half Payment:	\$1175.00	Due: May 15, 2020*	
Second Half Payment:		• '	
(*There	will be a late charge of \$25.0	.00 per term if not received on or before the designated date.)	
Tuition Reimbursement Policy	y: if a child is withdrawn aft	fter the first full tuition payment has been made, there will be:	
	vithdrawal is on or <u>before J</u> uly 1 <sup>st</sup> , tuition is not subjec	June 30th. (if on a payment plan, you owe balance of 50% of fall tuition) ct to reimbursement and all tuition payments for the entire school year will	
PLEASE	MAKE CHECKS PAY	ABLE TO GARDEN MANOR NURSERY SCHOOL	
Signature of Parent		Date	
I give permission for my c	hild to participate in the	e local field trips as arranged by the Garden Manor Nursery School	
Signature of Parent		Date	