

The Little Angels Nursery School

A non-denominational Christian Nursery school

Sponsored by

The Schuylerville

United Methodist Church

51 Church St

Schuylerville, NY 12871

Email us at: lttlangels30@gmail.com or

Call 695-4202 and leave a message



Tena Flanders

Director

Little Angels Nursery School

Information sheet

Please retain this page for your records

- All registration materials will be accepted on a first come, first serve basis; therefore, submitting your paper work early will secure a spot for the 2009-10 school year and enable us to fill our classes accordingly.
 - Registration forms (including Confidential information sheet and permission and signature sheet)
 - Immunization statement signed by your child's physician
 - \$20 registration fee
- Children are to be accompanied by parent or caregiver all the way to and from our upstairs Nursery School room.
- If your child will be absent, please call us at 695-4202.
- Tuition is due on the first class of each month.
 - Any account not paid by the 10th of the month will be assessed a \$10.00 late fee.
 - If you are experiencing financial difficulties, please talk to Ms. Flanders, and we will try to work with you.
- A \$35.00 returned check fee will apply to all returned checks.
- Please keep us updated with changes to contact information, relevant medical issues, and major family changes throughout the year.
- We follow the Schuylerville Central School Calendar.
- In inclement weather we are closed if Schuylerville Central Schools are closed or delayed.
- Our school year runs from September to June.
- Tuition Rates 2009-10:

○ Registration fee:	Due with application	\$20.00
○ 3 year old class (Tuesday and Thursday 9:15-11:30 am)		\$80/month
○ 4 year old class (Mon, Wed, Fri 9:15-11:30am)		\$110/month
- Please make checks payable to : SUMC

Retain this page for your reference

Little Angels Nursery School

Confidential Information sheet

Date: _____

Child's full Name: _____ Date of Birth: _____

Nickname: _____ (please indicate what your child likes to be called and how you would like your child to practice writing their name)

Home Address: _____

Place of Birth: _____

Home phone number: _____

Email address: _____

If parents are divorced or separated, who has custody of child? _____

Please submit proof for your child's protection.

Father's name: _____

Education: Elementary () High School () College ()

Occupation: _____

Work phone: _____ Cell Phone: _____

Mother's name: _____

Education: Elementary () High School () College ()

Occupation: _____

Work phone: _____ Cell Phone: _____

Child's physician _____ Phone _____

Emergency contact: _____ Phone _____

Other children in family:

Age:

Other members of household:

Describe any previous group experience your child has had:

Comment on play experiences (such as neighborhood playmates etc.)

What activities and playthings interest your child most?

What activities does your child enjoy with his/her family?

Comment briefly on the following areas:

Allergies

Eating

Sleeping

Elimination

Developmental History

Months of pregnancy? _____

Child's weight at birth? _____

Weaned from breast at _____ months.

Weaned from bottle at _____ months.

Walked alone at _____ months.

Used three or four separate words at _____ months.

Please use the following space to help us get to know and understand your child. Include things such as outstanding personality traits, characteristic behaviors, significant experiences, and unusual features in home situations or past history.

What do you expect your child to gain from this nursery school experience?

Form updated 02/28/09

(This form was adapted from the confidential information sheet from the State Teachers College Nursery School in Plattsburg, NY)

Little Angels Nursery School Permission and signature sheet

I hereby grant permission for my child _____ to:

- Use all of the play equipment and participate in all of the activities of the Little Angels Nursery School.
- Leave the school premises under the supervision of a staff member for neighborhood walks or field trips in an authorized vehicle. Notice of such trips will be posted and /or sent home in advance.
- Be included in evaluations and pictures connected with the school program.

I hereby grant permission for the Director or staff to take whatever steps necessary to obtain emergency medical care. These steps may include (but are not limited to) the following:

- Attempt to contact parent or guardian
- Attempt to contact child's physician
- Attempt to contact persons on the confidential information sheet
- Administer basic first aid
- If we cannot make contact we will do any or all of the following:
 - Call another physician
 - Call an ambulance
 - Have the child taken to the emergency room at the hospital in the company of a staff member.
- Expenses incurred from the above actions will be the responsibility of the child's family.

I certify that all of the information in this application is true. Little Angels Nursery School is not responsible for anything that may happen due to false information on these forms.

I wish to enroll _____ (child's name) in the Little Angels Nursery School _____ program _____ days a week. I understand that tuition is _____ per month and is due on the first class of the month.

I have read the rules, regulations, and the financial agreement and do hereby agree to abide by them.

Signed _____ Date _____
(Name of person enrolling child)