

St. David's Preschool

20 Clark Blvd. Massapequa Park, NY 11762 516-799-5824

> stdavidspreschoolmp@gmail.com www.stdavidslutheran.net

Application for Enrollment 2020-2021 Child's Household Information (Please Print) Child's Name: _____ Date of Birth: ____ Sex: ___ Address: _____ City, State, Zip: _____ Home Phone Number: _____ Email: _____ Home School District: Family Information (Please Print) Mother's Name: Father's Name: Cell Phone Number: _____ Cell Phone Number: Occupation: ____ Occupation: _____ Business Phone Number: _____ Business Phone Number: _____ Siblings: Name: _____ Age: ____ Name: ______ Age: _____ Name: Age:

Tiny TotsAge 2 before Dec 1st

9-11:30 am

М	Т	W	Th	F

Nursery

Age 3 before Dec 1st 9:05 am- 12 pm

М	Т	W Th		F

Pre-K

Age 4 before Dec 1st 9:05 am - 12 pm

М	Т	W	Th	F

Tuition Fees:

Enrollment	1 day per week	2 days per week	3 days per week	4 days per week	5 days per week
Monthly	\$90	\$175	\$225	\$275	\$325
Yearly	\$900	\$1,750	\$2,225	\$2,750	\$3,250

<u>Application Fee</u>: A \$100 non-refundable application fee must be submitted with this application.

Necessary Documents;

- ★ Birth Certificate or Passport: A legible copy of your child's proof of birthdate must be submitted with this application.
- ★ Medical Record: A copy of your child's Immunization Form and Annual Physical Record must be submitted before the 1st day of School. Medical Records are valid for 1 year.

Permissions:

*	★ I give permission for my child's name, address, phone number, etc. to be included in the				
	class list. This list is only provided to the families of the class.				
	X				
*	I give permission for my child's picture to be taken at school.				
	X				
*	I give permission for my child's image to appear on school website, school social media and publication. Names of children are <u>NEVER</u> published along with photos.				
	X				
*	I hereby certify that the information that I have provided is accurate. It is my intent to support my child's teachers and St. David's Preschool. I agree to fulfill my financial obligations to St. David's Preschool.				
	X				
Perso	n(s) responsible for tuition payments:				
Paren	t or Guardian Signature: Date:				
Nondi	iscrimination Policy				
St. Da	vid's Preschool grants to students of any race, color, religion, national or ethnic origin, all				

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rights, privileges, programs and activities generally accorded or made available at the school. It does not discriminate on the basis of race, religion, nationality or ethnic origin in administration

of its educational, admission or other school administrative policies.

For office use only: Fee _	Date	cash/ck	
	Bi	Birth cert	
	Med.	lmm.	