



# St. David's Preschool

20 Clark Blvd. Massapequa Park, NY 11762

516-799-5824

stdavidspreschoolmp@gmail.com

www.stdavidslutheran.net

## Application for Enrollment 2019-2020

### 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: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

### Siblings:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

### **Tiny Tots**

Age 2 before Dec 1st

[choice of 1, 2 or 3 days]

9-11:30 am

	T	W	Th	

### **Nursery**

Age 3 before Dec 1<sup>st</sup>

[choice of 2, 3, 4 or 5 days]

9:05 am - 12 pm

M	T	W	Th	F

### **Pre-K**

Age 4 before Dec 1<sup>st</sup>

[choice of 2, 3, 4 or 5 days]

9:05 am - 12 pm

M	T	W	Th	F

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

Tuition Fees: Fees will be collected on a monthly basis

1 day per week Tiny Tots Program Only	2 days per week	3 days per week	4 days per week	5 days per week
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\$90	\$175	\$225	\$275	\$325
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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 **NEVER** 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 \_\_\_\_\_

Person(s) responsible for tuition payments: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nondiscrimination Policy

St. David's Preschool grants to students of any race, color, religion, national or ethnic origin, all 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  
 Birth cert. \_\_\_\_  
 Med. \_\_\_\_ Imm. \_\_\_\_