



St. David's Preschool

20 Clark Blvd. Massapequa Park, NY 11762

516-799-5824

stdavidspreschoolmp@gmail.com

www.stdavidslutheran.net

Application for Enrollment 2021-2022

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 Tots

Age 2 before Dec 1st

9-11:30 am

M	T	W	Th	F

Nursery

Age 3 before Dec 1st

9:05 am- 12 pm

M	T	W	Th	F

Pre-K

Age 4 before Dec 1st

9:05 am - 12 pm

M	T	W	Th	F

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

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

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. ___