

APPLICATION FOR ADMISSION
VALHALLA UNITED METHODIST CHURCH NURSERY SCHOOL
200 Columbus Avenue Valhalla, NY 10595 (914) 289-0489

September 2008 - June 2009

Deposit Toward Tuition: **\$250.00 NON-REFUNDABLE**

The Nursery School reserves the right to evaluate each child's readiness for the Nursery School experience. The decision by the teachers and the Nursery School Board to admit a child to the program is based upon our/their evaluation of your child in order to serve his/her best interest. **All pre-existing medical conditions must be fully disclosed at the time of application.** The Nursery School reserves the right to decline to admit a child to the program or, once a child has been admitted, to withdraw a child, whom it, in its sole discretion, determines it cannot adequately serve. **Children must be 2 by September 1st.**

1 Child's name _____ Sex _____ Birth Date _____
(First) (Last)

2. Child's nickname (if any) _____

3. First name of **Mother AND Father**/or Guardian _____

4. Home Address _____

City, Village or Town _____ Zip Code _____ Phone # w/Area Code _____

5. Father's Occupation _____

6. Father's Business Address & Phone _____

Beeper or Cell Phone _____

7. Mother's Occupation _____

8. Mother's Business Address & Phone _____

Beeper or Cell Phone _____

9. Names and ages of other children in the family: _____

10. Neighbor, friend, or relative who should be called in case of emergency, when we are unable to reach one of the parents or guardians.

Name	Address (City, Town, Village)	Phone
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Name	Address (City, Town, Village)	Phone
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11. Child's special interests _____

12. Does your child have an **allergy** or any **special need** of which we must be aware? We require notification of the development of any new medical condition at the time of diagnosis.

13. Physician's name, Address & Phone _____

14. I _____ do / do not
(Parent Signature)

give permission for candid pictures of my child, taken during the course of his-her Nursery School experience, to appear on the school's website.

Return this application to: Lois Whartenby at the above address or send it to:

11 Galloway Lane, Valhalla, NY 10595 Home Phone: (914) 769-0468

Valhalla United Methodist Church Nursery School
200 Columbus Avenue
Valhalla, New York 10595
(914) 289-0489

October 2007

Dear Parents:

We appreciate your interest in our Nursery School. Applications for the 2008-2009 school year are being accepted.

Four-Year-Old Classes are as follows:

<u>Days</u>	<u>Time</u>	<u>No. of Days</u>	<u>Tuition</u>	<u>No. of Students</u>
Monday to Friday	9:00-11:30am	5	\$ 3,417.00	17 (2 groups)
Mon., Wed., Fri.	12:15-2:45pm	3	\$ 2,589.00	17
Tues., Thurs., Fri.	12:15-2:45pm	3	\$ 2,589.00	17

REGISTRATION PROCEDURE

Applications will be accepted on a first-come first-served basis. Please indicate your **first** and **second** preference for time slot. I will contact you if your first choice is unavailable.

Your **\$250 NON-REFUNDABLE** tuition deposit **must** accompany the application. This secures a place for your child as we plan for full enrollment. Please make checks or money-orders payable to the *Valhalla United Methodist Church Nursery School*.

The application should be completed in its entirety and returned to me at school or at home: 11 Galloway Lane, Valhalla, N.Y. 10595. Please read the attached financial agreement. **Fill out and return the bottom portion** with your child's application.

If you desire further information, you may call me at school: 289-0489, or at home: 768-0468. I look forward to hearing from you to secure a place for your child. A letter in August will contain information pertinent to the commencement of school.

Sincerely,

Lois Whartenby
Director

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FINANCIAL AGREEMENT

Below are the total tuition costs and a schedule of payment for the 2008-2009 school year. A two hundred fifty dollar (\$250.00) **NON-REFUNDABLE** payment is paid at the time of registration.

If your child attends **2 days** per week, the tuition is:

\$ 1,913.00
- 250.00 paid at time of application
Balance due \$ 1,663.00 divided by 4 = \$415.75 due 6/1/08, 9/1/08, 11/1/08, 2/15/09

If your child attends **3 days** per week, the tuition is:

\$ 2,589.00
- 250.00 paid at time of application
Balance due \$ 2,339.00 divided by 4 = \$584.75 due 6/1/08, 9/1/08, 11/1/08, 2/15/09

If your child attends **5 days** per week, the tuition is:

\$ 3,417.00
- 250.00 paid at time of application
Balance due \$ 3,167.00 divided by 4 = \$791.75 due 6/1/08, 9/1/08, 11/1/08, 2/15/09

All payments are **NON-REFUNDABLE** and are to be sent to the **Attention of the Treasurer** at the Valhalla United Methodist Church, 200 Columbus Avenue, Valhalla, NY 10595. Should this payment schedule present financial problems, please call the treasurer at 289-0489 so that other arrangements can be made. A late fee of \$10.00 will be charged if the payment is received after the 10th of the month in which tuition is due. There is a \$20.00 charge for returned checks. Pre-addressed envelopes will be provided for your convenience for the November and February payments.

My child _____ will be
(full name)
attending the Valhalla United Methodist Church Nursery School _____ days per week.
(2-3-5)

The quarterly **non-refundable tuition** payments for this class are: \$ _____ which I agree to pay on 6/1/08, 9/1/08, 11/1/08, and 2/15/09.

(Signature of Parent or Guardian)