

**NEW HACKENSACK NURSERY SCHOOL**

1580 ROUTE 376, WAPPINGERS FALLS, NY 12590

www.newhackensacknurseryschool.org

**2025-2026 APPLICATION FORM FOR 4-YEAR-OLD CLASS**

*Abby Garcia, Director, 845-462-0810 x130 NHNSDirector@outlook.com*

I hereby apply for the enrollment of my son/daughter in the New Hackensack Nursery School.

I understand the following:

- ✓ Tuition payments will be due July 15, October 15, January 15, and April 15, unless my child is withdrawn prior to these dates.
- ✓ I am required to submit by the first day of school an up-to-date medical report signed by a doctor and including a record of all immunizations.
- ✓ If my child is absent from school for more than two weeks without notification to the teacher(s), he/she will lose his/her right to attend.
- ✓ New Hackensack Nursery School reserves the right to refuse admission to, or participation in, any class when in the opinion of the teachers and Director, a child does not or cannot integrate into the classroom setting. If a child is excused from the program, any unused tuition will be refunded on a prorated basis.

Furthermore:

- ✓ My child is able to participate fully in all nursery school activities.
- ✓ I agree to comply with all rules established by the New Hackensack Nursery School
- ✓ During the school year, meetings will be held with parents to ensure that students are able to integrate into the classroom setting.

→ **The following must be submitted to confirm your application:**

1. Registration fee of \$50.00 made payable to *New Hackensack Nursery School* (this includes insurance fee).
  2. Photocopy of my child's birth certificate.
  3. Signed financial commitment pledge.
- When enrolled, the registration fee is non-refundable.  
 - If on the waiting list, but not yet in the program, the registration fee is refundable upon request until September 30.

**4's APPLICATION FOR 2025 – 2026**

Please circle all that apply:

1. Church Member 2. Currently Enrolled or Returning Family 3. New to Program- How did you hear about us?

**Class Choices: In order of preference, please number your choices.**

Monday, Tuesday, Wednesday, Thursday, Friday AM \_\_\_\_\_ Monday, Wednesday, Friday AM \_\_\_\_\_  
 Monday, Tuesday, Wednesday, Thursday, Friday PM \_\_\_\_\_ Monday, Wednesday, Friday PM \_\_\_\_\_

Child's Name \_\_\_\_\_ Child's Birth Date \_\_\_\_\_ M/F \_\_\_\_\_

Address \_\_\_\_\_

Best Contact Numbers:

1<sup>st</sup> \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Are you also enrolling a child in the program? \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_