

Welcome NEW STUDENTS!

Hillside Nursery School
113B South Hillside Ave.
Succasunna, NJ 07876
973-584-6040

Dear Parents:

Thank you for your interest in enrolling your child in our preschool program.
We invite you to join us at our **Open House** on Saturday, January 23rd at 11:00 to learn more about our preschool.

Please complete the enrollment form and return it along with a check for the tuition down payment and registration fee on **Monday, February 1st - our Open Registration Day.**
If school is closed due to snow on Monday, Open Registration Day will be on Tues, Feb 2nd.

Please complete all forms thoroughly, incomplete forms will be returned.

Tuition Fee Schedule: The following money is due when you register.

2 Day Three Year Old Class-\$140.00 Tuition + \$50.00 Registration Fee = \$190.00

3 Day Three Year Old Class-\$180.00 Tuition + \$50.00 Registration Fee = \$230.00

3 Day Four Year Old Class--\$180.00 Tuition + \$50.00 Registration Fee = \$230.00

4 Day Four Year Old Class--\$210.00 Tuition + \$50.00 Registration Fee = \$260.00

We offer a sibling discount of 10% per child. Please ask for our Sibling Tuition Rates.

The \$50.00 registration fee is non-refundable.

Your Tuition down payment is refundable up to August 1st, 2010.

If you have any questions at all, please feel free to call me at 973-584-6040.

Sincerely,

Patricia Swan, Director

Registration Timeline:

January 4th to 8th - Current Students and Siblings

January 11th to 15th - Alumni and attendees of HLB Church

January 23rd, Saturday - Open House for New Parents at 11:00

February 1st - Open Registration Day

Office Use: Paid _____
Allergy _____ Medical _____

Hillside Nursery School Enrollment Application

Child's Name _____ Home Phone _____

Age _____ Date of Birth _____ Sex _____

Address w/ City & Zip _____

E-mail address _____

Does your child have any food allergies? _____ if yes, please list _____

(If your child has severe food allergies and needs to have an Epi Pen for Emergency Use, please contact the school to obtain a **Medical Condition Action Plan** for your child.

Name of Father _____ Cell Phone _____

Name & Address of Business _____

Business Phone _____

Name of Mother _____ Cell Phone _____

Name & Address of Business _____

Business Phone _____

Marital Status _____ Custodial Information: If a non-custodial parent is not included among those authorized by the custodial parent to pick up the child, please explain and attach a copy of the appropriate court order documents.

Emergency Contacts – *Persons authorized to pick up your child &/or emergency contacts if neither parent is available to assume responsibility for your child. Due to State regulations, this section must be completed.*

1. Name _____ Phone _____

Address _____ Relationship _____

2. Name _____ Phone _____

Address _____ Relationship _____

Child's Doctor _____ Phone _____

Doctor's Address _____

I wish to enroll my child in the following class:

Tuesday/Thursday Three Year Old Morning Class _____

Tuesday/Wednesday/Thursday Three Year Old Afternoon Class _____

Monday/Wednesday/Friday Four Year Old Morning Class _____

Monday/Tuesday/Wednesday/Thursday Four Year Old Afternoon Class _____

I am interested in registering for Lunch Bunch on a regular basis starting in October. _____

Lunch Bunch is open Monday through Thursday; you can register for 1, 2, 3 or 4 days per week.

Consent & Signature Information Sheet

Names & ages of siblings _____

Primary Language at Home: _____ Other Languages: _____

How did you hear about Hillside Nursery School? _____

Does your family attend a church? _____ Name of your church: _____

Previous group experiences of child _____

Does your child have any special fears or nervous habits? _____

Any particular behavior problems? _____

Is your child toilet trained during the daytime? _____

Any speech difficulties? _____

Any birth defects that might affect learning? _____

Any medical problems? _____

Please describe any existing medical problems or special needs and how they might affect learning or the ability to participate fully in our preschool setting.

Additional comments to further our understanding of your child's background or special needs.

Receipt of Policies and Consent for Your Child's Participation

I consent to my child's participation in the Hillside Nursery School Program. I am not aware of any physical or medical conditions, which would preclude or limit my child's full participation in this program. I understand that due to the group format of the Hillside Nursery School's Program, as well as staff limitations, that individual attention and care is not available for a child with such a physical or medical or emotional condition. I acknowledge that failure to disclose such a condition would necessitate discontinuation of my child's participation in the Hillside Nursery School Program and hereby waive, release, absolve, indemnify and agree to hold harmless Hillside Nursery School with respect to the discontinuation and as well as for any injury or damage suffered by my child prior to discontinuation. The school reserves the right to request the withdrawal of a pupil at any time for reasons consistent with the best interests of the school and the other pupils.

I understand this statement and acknowledge:

1. This preschool is provided for the best interests of my child.
2. All of the information on this application is accurate.
3. I have received *a summary of the Enrollment Policies* and agree to abide by these policies.
4. I will provide the school with the necessary health forms by the start of school in September.
5. I will pay the agreed tuition payments on time each month.

_____ **Date** _____

Parent Signature

A Summary of Enrollment Policies at Hillside Nursery School

- Hillside Nursery School is licensed by the State Child Care Licensing Law. We are under the jurisdiction of the Department of Human Services: Office of Licensing (DHS). A copy of our current license is displayed in the school office. To be licensed, our school must comply with the Manual of Requirements of Child Care Centers.

Hillside Nursery School emphasizes a loving approach to education. Part of our curriculum is to learn good behavior in social situations as well as good behavior in classroom situations. Children are instructed at the beginning of the school year and are reminded often of classroom rules necessary to maintain a safe, healthy and happy environment. Taking turns and sharing is emphasized.

- Parents will be informed if their child's behavior is consistently inappropriate. We may request that parents come in for a conference with the teacher and director. It is our aim to provide helpful guidelines for the parent and to work together to eliminate the problem. Every effort shall be made to work together with children and parents to make the child's preschool experience a positive one. However, sometimes there are reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child in order to prevent this policy from being enforced.

A Universal Child Health Form (a medical form that is completed and signed by your physician) and a **current immunization schedule** must be submitted to the school by the start of each school year. Please note that NJ has adopted new immunization regulations. Below is a summary of the items required by the Roxbury Health Department.

- A Medical Form completed by your child's doctor during a recent check-up. This needs to be dated, have the Doctor's signature and the Office stamp.
- The Preventative Health Screenings section on the bottom of the Medical Form needs to be completed.
- An up-to-date Immunization Record for your child.
- *Since the flu vaccine needs to be given between September 1st and December 31st, a separate proof of your child's flu vaccine needs to be provided to the school by December 31st.*

Your child should be toilet trained during the day in order to start school in September. (Pull-Ups are acceptable in the Three Year Old Class only.)

Our tuition and refund policy:

- When you register your child, you pay the last Tuition Payment (#10) as a down payment with the \$50.00 Registration Fee.
- The nine remaining tuition payments are due on the first of each month from September to May.
- Your \$50.00 registration fee is not refundable.
- Your Tuition down payment is refundable up to August 1st, 2010.

A complete explanation of all our policies and procedures is found in our Parent Handbook. This is given to families at our Back to School Night each year.

Your signature on the Enrollment Form signifies your agreement with the above policies. Please keep this summary sheet of our Enrollment Policies for your records.