Garden Manor Nursery School of Christ Church

33 Jefferson Street, Garden City, New York 11530 Pat Martin, Administrator (516) 775-2626

2024-2025 Registration Monday-Wednesday Toddler Class

(Circle One) Two Day Morning
Monday-Wednesday 9:15am-11:15am

Optional Third Morning (Friday) Friday 9:15am-11:15am (limited availability)

I agree to the enrollment of my child in the Garden Manor Nursery School of Christ Church for the **2024-2025** school year. School will open after Labor day and close in early June. Specific dates to be determined.

Child's Name		M or F			
		(must be 2 years old by	12-01-2024)		
Mother's Name		Father's Name			
Address:		Address: (Street)			
(Town & Zip)		(Town & Zip)			
Occupation		Occupation	Occupation		
(Mom) Cell Phone:		E-Mail			
			E-Mail		
Other children in family	(age and scho	ol)			
**I	MPORTANT	INFORMATION MUST BE CO	OMPLETED (by)	parents)	
Allergies	Physical disabilit	ysical disabilities			
Has your child been eval	luated for Spec	cial Education Services: No	Yes		
If Yes, are they receiving	g services: No	Yes			
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I agree to make payment Tuition for the 2024-20 2		s shown below. Enclosed is my not is: (Circle One)	n-refundable \$20	0.00 Registration fee.	
	2 Da	ay Program	3 Day Program		
	\$2,500.00		\$3,200.00		
First Half Payment: Second Half Payment:		Due: May 15, 2024 Due: November 30, 2024	\$1,600.00 \$1,600.00	Due May 15, 2024 Due November 30. 2024	
<u>Full Reimbursement</u> - if the <u>50% Reimbursement</u> - if th	e withdrawal is one withdrawal is one withdrawal is one of July 1 st , tuition	on or <u>before June 30th.</u> (if on a payment a is not subject to reimbursement and all	plan, you owe balance	of 50% of fall tuition)	
<u>PLEA</u>	<u>SE MAKE CH</u>	IECKS PAYABLE TO GARDEN M	ANOR NURSERY	<u> SCHOOL</u>	
Signature of Parent			Date		