

**Garden Manor Nursery School of Christ Church**  
33 Jefferson Street, Garden City, New York 11530  
516-775-2626

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***2025-2026 Pre-School Early Registration***

**(Circle one) Pre-School Three Day Morning**  
Monday-Wednesday-Friday 9:00am-12pm

**Pre-School Four Day Morning**  
Monday-Wednesday-Thursday-Friday 9:00am-12pm

I agree to the enrollment of my child in the Garden Manor Nursery School of Christ Church for the **2025-2026** school year. Enclosed is my **non-refundable \$200.00 Registration fee**. School will open after Labor Day and close in early June. Specific dates to be determined.

Child's Name \_\_\_\_\_ **M or F**  
Birth Date: \_\_\_\_\_ (must be 3 years old by 12-01-2025)  
Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
(Street) (Street)  
\_\_\_\_\_  
(Town & Zip) (Town & Zip)

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

(Mom) Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

(Dad) Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Other children in family (age & school) \_\_\_\_\_

**IMPORTANT INFORMATION**

Allergies: \_\_\_\_\_ Physical disabilities: \_\_\_\_\_

Has your child been evaluated for Special Education Services: No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, are they receiving services: No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, please list services and starting date(s) \_\_\_\_\_

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I agree to make payment for tuition based on the 2025-26 tuition rate schedule.  
Please make checks payable to Garden Manor Nursery School.

**TUITION REIMBURSEMENT POLICY**

**Full Reimbursement** - if the withdrawal is on or **before May 1<sup>st</sup>**

**50% Reimbursement** - if the withdrawal is on or **before June 30<sup>th</sup>**. (if on a payment plan, you owe balance of 50% of fall tuition)

**If a child is withdrawn on or after July 1<sup>st</sup>, tuition is not subject to reimbursement and all tuition payments for the entire school year will remain due and payable in accordance with the payment schedule.**

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Date**