

LITTLE SPARROWS NURSERY SCHOOL
2023-2024 REGISTRATION COMPLETION CHECKLIST

Please make sure all applicable forms are completed before submitting your application.

- Completed Enrollment Form
- Non-refundable Registration Fee and Deposit Form (Deposit is applied to the final payment) **Cash or check payable to Ridgeway Alliance Church. Write LSNS on the memo line of all checks.**
 - New Families: \$175 Registration Fee + \$500 Deposit = \$675 / child
 - Returning Families: \$150 Registration Fee + \$500 Deposit = \$650 / child
 - Early Drop off: \$100.00 added total to above payment
 - LL/ Super Scholars \$100.00 added total to above payment
- Signed Credit Card Authorization (if applicable) – **IF FILLED OUT AND HANDED IN, TUITION WILL BE AUTOMATICALLY CHARGED TO YOUR CARD FOR EACH PAYMENT DUE.** CREDIT CARDS are subject to a 2% processing fee with each transaction.
- Signed and Initialed LSNS Tuition & Refund Policy Statement
- Signed & Completed Student Contact and Emergency Form
- Signed & Completed Pick-up Authorization & Photo Consent Form
- Signed Emergency Transportation Form
- Signed & Completed LSNS & Parent Agreement Form
- Signed & Completed LSNS Policy Statement Form
- Signed & Completed Napping Agreement Form
- Signed & Completed Field Trip Agreement Form
- Signed & Completed Child Services and History Questionnaire Forms
- Completed Medical Forms (including physical, updated immunizations, and TB test / waiver form)

LITTLE SPARROWS NURSERY SCHOOL
2023-2024 ENROLLMENT FORM

Child's Name _____ TODAY'S DATE _____

Nickname (if any) _____

Gender: M F DATE OF BIRTH: _____

Home Address: _____

CITY _____ STATE _____ ZIP CODE _____

First Parent's Name _____ First Parent's Email _____

Second Parent's Name _____ Second Parent's Email _____

Please check all that apply.

<u>SELECT</u>	<u>PROGRAM</u>	<u>DAYS</u>	<u>HOURS</u>	<u>TUITION</u>
<input type="radio"/>	TWO'S - 2 HALF DAY	T/TH	9:15-12:00	\$4,050.00
<input type="radio"/>	TWO'S - 3 HALF DAY	M/W/F	9:15-12:00	\$5,785.00
<input type="radio"/>	THREE'S - 3 HALF DAY	M/W/F	9:15-12:00	\$5,785.00
<input type="radio"/>	THREE'S - 5 HALF DAYS	M-F	9:15-12:00	\$7,680.00
<input type="radio"/>	THREE'S - 5 FULL DAY	M-F	9:15-2:45	\$11,725.00
<input type="radio"/>	FOUR'S - 5 HALF DAY	M-F	9:15-12:00	\$8,030.00
<input type="radio"/>	FOUR'S - PRE-K Full day	M-F	9:15-2:45	\$13,410.00
<input type="radio"/>	EARLY DROP OFF (Circle all that apply)	M T W TH F	8:30-9:15	\$340 per day for the year
<input type="radio"/>	3's *LITTLE LEARNER (Circle all that apply)	M/W/TH	12-2:45	\$1210/ per day for the year
<input type="radio"/>	4's *SUPER SCHOLAR (Circle all that apply)	T/TH	12-2:45	\$1370/ per day for the year

*afternoon enrichment classes are based on enrollment and schedules may vary.



LITTLE SPARROWS NURSERY SCHOOL 2023-2024 NON-REFUNDABLE REGISTRATION FEE & DEPOSIT FORM

There is a 500.00 non-refundable deposit due with this registration form. In addition, there is a 175.00 registration fee (150.00 for returning families) and a 100.00 deposit for afternoon enrichment classes such as Little Learners and Super Scholars and early drop off. **All checks must be made payable to Ridgeway Alliance Church. Be sure to print LSNS on the check's memo line.**

Students must register for the entire school year (September - June). Program availability is based on student enrollment. Younger siblings of children enrolled during the same school year will receive a 10% discount. Deposits and registration fees are per child.

Method of Payment

- Pay in full _____ 2% discount when paid in fall
- Pay Monthly _____ Due the 1st of Sept., Oct., Nov., Dec., Jan., Feb., Mar., Apr.

Deposit:	<u>500.00</u>
Registration Fee:	<u>175.00</u> (New Students) 150.00 (Returning Students)
Afternoon Enrichment Deposit:	<u>100.00</u>
Early Drop Off Deposit	<u>100.00</u>

TOTAL _____

If you would like to pay by credit card, please fill out the attached CC Authorization Form located on our website. A 2% usage fee will be charged for each transaction.

IMPORTANT: Your child's most recent physical and vaccine records are due to the office no later than June 1, Your child will not be allowed to attend the first day of school without submitting these documents.

If your child has any allergies and/or special health needs please include this information. Your doctor's office may fax this information to 833-334-0205. All students must be fully immunized. Little Sparrows does not accept medical exemptions.

I have read and fully understand the terms of this agreement. I also understand that if a tuition payment is 30 days past due, there will be a \$60.00 late fee assessed, 60 days past due, \$120 late fee, and if payment is three months past due that my child will not be allowed to continue in school until payment is received. Applications for admission to Little Sparrows Nursery School will be considered in the order in which they are received. Children are admitted without regard to race, color, or religious affiliation. The holiday and vacation schedules will usually concur with the local school district (Byram Hills Central School System) except when noted on the Little Sparrows Nursery School Calendar.

Parent's Name (Please print) _____ Date _____

Parent Signature _____

LITTLE SPARROWS NURSERY SCHOOL
2023-2024 Tuition and Refund Policy

Tuition Payments Tuition payments are to be made monthly or in full. Invoices will be emailed approximately two weeks before the due date. It is your responsibility to provide a valid email address and to make your tuition payments on time in accordance with your chosen payment schedule.

Registration Fee & Deposit We accept your registration fee and deposit as a good faith representation that your child will attend Little Sparrows Nursery School for the upcoming school year and, on that basis, we reserve a space for your child. For this reason, **the registration fee and deposit are not refundable.** The deposit, however, will be applied to the final tuition installment. **(Initial here) _____**

September 1st Payment The first payment for the upcoming school year is due September 1st. If the September 1st payment is not made by that date, **my child may not attend until payment is made.** **(Initial here) _____**

Tuition Refund Policy for Discharges After September 1st and before December 31st. If you choose not to send your child after September 1st and prior to December 31st a refund of the tuition payment will only be made **if the school can fill the seat vacated by your child.** Once the spot has been filled you will receive an 80% refund of payments made less any time your child has attended the school. There will be no refunds after December 31st, 2023. **(Initial here) _____**

On-Time Payment Policy I have read and fully understand the terms of this agreement. I understand that if a tuition payment is 30 days past due, there will be a 60.00 late fee assessed. If tuition payment is 60 days past due, there will be a 120.00 late fee assessed, and if payment is 90 days past due my child will not be allowed to continue school until full payment due is received. **(Initial here) _____**

Termination of payments will be considered for reasons of the child’s failure to adjust to the school/class when mutually agreed upon by the teacher and the director. **(Initial here) _____**

I have read, understand and agree to the policies as set forth in this Agreement.

Child’s Name: _____

Parent / Guardian Printed Name: _____

Parent / Guardian Signature: _____ Date: _____

**LITTLE SPARROWS NURSERY SCHOOL
STUDENT CONTACT & EMERGENCY FORM 2023-2024**

Child's Name: _____ DOB: _____ Gender: M F

Street Address: _____ City: _____

State: _____ Zip Code _____

First Parent's Name _____ Cell # _____

First Parent's Work Phone # _____ Occupation _____

First Parent's EMail Address: _____

Second Parent's Name _____ Cell _____

Second Parent's Work Phone # _____ Occupation _____

Second Parent's EMail Address: _____

Class in September 2023 (check all that apply):

- 2's Two Days 2's Three Days 3's Three ½ Days 3's Five ½ Days
- 3's Five Full Day 4's Five ½ Day 4's Pre-K Full Day
- Little Learners Super Scholars Early Drop Off

EMERGENCY CONTACTS (other than parents):

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

Doctor's Name: _____ Phone #: _____

In case of accident or illness, I request that Little Sparrows Nursery School contact me. If I am unable to be reached, I hereby authorize the representative to call the physician indicated on the previous page and to follow the physician's instructions. If it is impossible to contact the physician, the school representative is authorized to make whatever arrangements are necessary including calling 9-1-1. I agree to assume financial responsibility for any diagnosis, treatment and / or medication deemed necessary. To the best of my knowledge all the information given is accurate and complete. By way of my signature, I hereby consent to and authorize the necessary procedures that have been stated above.

Guardian's Signature _____ Date _____

LITTLE SPARROWS NURSERY SCHOOL
AUTHORIZATION FOR PICK-UP & PHOTO CONSENT FORM 2023-2024

AUTHORIZATION FOR PICK UP

Child's Name _____

The following people are allowed to pick up my child. Written permission must be sent to school if other pick up arrangements are required. Please include name, number and relationship:

1. NAME _____ Phone # _____

Address _____ Relationship _____

2. NAME _____ Phone # _____

Address _____ Relationship _____

3. NAME _____ Phone # _____

Address _____ Relationship _____

PHOTO CONSENT FORM

During the school year, we will be taking photographs of the children as they work and play. Pictures will be used for teacher newsletters, class projects, bulletin boards, etc. Photos may also be displayed on our website and Facebook page. Children's names will not be used on social media.

Please indicate your preferences below by circling Yes or No for **EACH** statement below:

YES / NO My child may be photographed for school use as listed above.

YES / NO My child may be photographed for the school website, Facebook/Instagram.

YES / NO Include my child's name and my contact information on any class distribution lists.

PARENT'S NAME _____

PARENT'S SIGNATURE _____ DATE: _____

**LITTLE SPARROWS NURSERY SCHOOL
EMERGENCY TRANSPORTATION PERMISSION FORM 2023-2024**

Child's Name _____

I understand that no emergency treatment may be given without parental consent except in a life-threatening situation. Because informed consent must be given at the time of the incident, I agree to leave numbers where I (or my spouse or a responsible adult designated by me) can be reached promptly.

I understand the following procedures will take place:

1. Little Sparrows Nursery School will call 911.
2. Little Sparrows Nursery School will immediately attempt to contact the parent(s). If neither parent is available, LSNS will attempt to contact the emergency individuals listed on my child's emergency contact form in the order they are listed.
3. Little Sparrows Nursery School will attempt to contact the child's physician.
4. Little Sparrows Nursery School will arrange for emergency transportation to Northern Westchester Hospital or the nearest emergency medical facility. At **NO** time will a LSNS staff member drive my child to the hospital. My child will be transported by an ambulance or another emergency vehicle. I understand that my child will never be left alone and accompanied by a staff member at all times.

I hereby authorize Little Sparrows Nursery School to follow the above procedures.

Parent's Name _____

Parent's Signature _____ Date _____



**AGREEMENT BETWEEN PARENTS/GUARDIANS AND
LITTLE SPARROWS NURSERY SCHOOL**

This agreement is to certify that for the period from September to June, when my child(ren) is at school I authorize Little Sparrows N.S. to follow the procedures and policies set forth in this agreement.

- 1. I give permission for Little Sparrows Nursery School to seek emergency treatment for my child.
- 2. I assume all responsibility for my children en-route to and from the school.
- 3. I understand that the school requires a registration fee and deposit upon submission of an application that is **non-refundable**.

4. I fully understand the Tuition Schedule I have received and agree that I will make tuition payments by the due date as explained in the Policy Statement.

Non-payment of the September 1, 2023 fee will result in the forfeiture of my child's space at Little Sparrows Nursery School.

5. I understand that the first tuition payment is due September 1, 2023. If I choose not to send my child after this payment is made, a refund will only be given if my child's space can be filled.

6. Like all private schools, adjustments in payment cannot be made due to illness, holidays or snow days. No refund or discount is allowed because of temporary absence.

7. I understand that Little Sparrows Nursery School reserves the right to terminate a child for the following reasons (but not limited to): failure to pay, lack of parental cooperation, a difficult adjustment to school after a reasonable amount of time, lack of compliance with handbook regulations or the physical/verbal abuse of any staff, other persons, or property. All reasonable efforts will be made to assist children with their development. However, If the child's needs cannot be met by our credentialed staff, we will make every effort to work with the family to find a more suitable learning environment.

I HAVE READ, UNDERSTAND, AND AGREE TO THE POLICIES AS SET FORTH IN THIS AGREEMENT.

Parent's Name _____ Child's Name _____

Parent's Signature _____ Date _____

Little Sparrows Nursery School

POLICY STATEMENT

Little Sparrows Nursery School is open to all children regardless of race, creed, or ethnic origin. In order for a child to be admitted to the school, parents must provide signed copies of all relevant forms in the application packet.

TUITION AND FEES Enrollment is on a yearly basis, with parents responsible for the tuition amount indicated by the Director at the time of enrollment.

SIBLING & CHURCH MEMBER DISCOUNT The sibling discount (2 children in the school at the same time) is 10% for the younger sibling. Ridgeway Armonk church members receive a 10% discount per child. Only ONE discount can be applied per family. **Discounts are applied ONLY to base tuition.**

HEALTH The children are given a routine health check each day upon arrival. Any child who shows symptoms of an illness will not be allowed to remain in school.

LUNCHES AND SNACKS

Little Sparrows is a nut/peanut-free facility. In addition, food manufactured in a factory that handles nuts/peanuts may not be brought to school. Please see the parent handbook for school approved items.

DAILY SCHEDULE The daily schedule includes, but is not limited to, circle time, dramatic play, free play, crafts, storytime, show and tell, both small and large motor skills and much more. In addition, LSNS children participate in chapel time, music and dance class, physical education, science experiments and holiday concerts.

PARENT'S AGREEMENT: I fully understand and accept the above Policy Statement and Tuition Schedule, and agree to pay Little Sparrows Nursery School in a timely manner for the 2023-2024 school year.

Child's Name: _____

Parent's Signature: _____

Date: _____



LITTLE SPARROWS NURSERY SCHOOL NAPPING AGREEMENT

CHILD’S NAME: _____

It is required that all preschools licensed by the Office of Children & Family Services (OCFS) have a signed napping agreement on file regardless if your child is a half or full day student. Please complete, sign and return with your application.

Children who nap will nap/rest in a designated classroom and will be supervised by at least one adult. Children rest at least 2 feet apart from one another. Teachers are able to move freely throughout the room to check on or meet the needs of each child.

At the beginning of the year each child who naps brings a mat/blanket that is used solely by that child. This time is a period of rest where many of the children sleep, but for those who do not, it is a quiet time with a toy or book until it is time for the next activity. If **your** child naps:

- The parent/guardian will provide a labeled rest time blanket for his/her child to use for the entire school year.
- Due to limited space in the classrooms, the blanket must be compact and not comforter size.
- For the protection of the children, all blankets must be sent to school in a zippered package (e.g., separate backpack) labeled with your child's name. If blankets are not in packaging, the blanket will be returned to you.
- Rest time blankets must be laundered weekly and are returned to you at the end of each week. The blanket should be returned on Monday or your child's next school day.

I have read and understand the above information regarding nap time for my child.

PARENT SIGNATURE:

DATE:



LITTLE SPARROWS NURSERY SCHOOL FIELD TRIP AGREEMENT

CHILD'S NAME: _____

Little Sparrows Nursery School feels field trips enrich our children's development and educational experience. Field trips expand the child's knowledge of the world around them and stimulate cognitive growth and development. In addition, children practice proper social etiquette and manners when visiting another location and/or listening to a presenter or performer.

Parents/Guardians of 3 and 4 yr olds will be notified when and where field trips will take place in a timely manner.

Parents/Guardians are expected to accompany their child(ren) on all field trips. If you are unable to attend the field trip, you are to make arrangements with another parent to transport and accompany your child. All children must have appropriate car seats mandated by the law of New York.

2 yr olds do not attend any field trips.

PARENT SIGNATURE:

DATE:



LITTLE SPARROWS NURSERY SCHOOL CHILD SERVICES - 2023-2024

The following questionnaire is to share information including any services your child is receiving or may need. This information will be shared with your child's teacher as we work together to provide the best school experience.

CHILD'S NAME: _____ **Date of Birth** _____

Does your child have any known **ALLERGIES**? YES NO

If yes, please explain.

Is your child presently receiving any special services? YES NO

If yes, what services will your child be receiving?

Occupational Therapy One-on-one Support (SEIT)

Physical Therapy Speech

Please indicate the number of hours per week for which your child receives each service.

OT _____ SEIT _____ Physical Therapy _____ Speech _____

Do you have concerns that warrant an evaluation? If so, what are your specific concerns?

LITTLE SPARROWS NURSERY SCHOOL CHILD HISTORY & QUESTIONNAIRE FORM- 2023-2024

CHILD'S FIRST NAME: _____ CHILD'S LAST NAME: _____

DATE OF BIRTH _____

Gender M F

ALLERGIES? YES NO

If yes, what _____

of Siblings _____

Name _____
Name _____
Name _____
Name _____

Age _____
Age _____
Age _____
Age _____

Was your child born prematurely? Yes No If yes, how many weeks _____

At what age did your child begin talking 2-3 word sentences? _____

At what age did your child begin crawling? _____

At what age did your child begin walking unsupported? _____

If trained, at what age was your child toilet trained? _____

Has your child had experiences playing with other children? Yes No
If yes, what age(s) and how so (playgroups, classes, cousins, etc)?

Has your child had another nursery school experience? Yes No
If so, where?

Does your child have any pets? Yes No
If so, what is the name (s) of your pet(s)?

Does your child have any fears? Yes No
If so, what?

Does your child have separation anxiety? Yes No

**LITTLE SPARROWS NURSERY SCHOOL
CHILD HISTORY & QUESTIONNAIRE FORM- 2023-2024**

CHILD'S FIRST NAME: _____ **CHILD'S LAST NAME:** _____

What is the best way, you have found, to calm your child if he/she becomes upset?

What are your child's favorite characters, books, toys, etc.

By nature is your child (check all that apply)

- Outgoing/Friendly
- Timid/Shy
- Withdrawn/Hesitant
- Stubborn
- Aggressive
- Loud/Silly

In two-three sentences, what information would you like to share with your child's teacher?