

**LITTLE SPARROWS NURSERY SCHOOL 2024-2025
SCHEDULE OPTIONS**



Child's Name: _____ DOB: _____

Gender: M F

Address: _____ City: _____ State: _____ Zip Code: _____

Mother's Name: _____

Mother's Email Address: _____

Father's Name: _____

Father's Email Address: _____

Please check all that apply:

SELECT	PROGRAM	DAYS	HOURS	TUITION
<input type="checkbox"/>	Two's – 2 Half Day	T/TH	9:15-12:00	\$4,190.00
<input type="checkbox"/>	Two's – 3 Half Day	M/W/F	9:15-12:00	\$5,980.00
<input type="checkbox"/>	Three's – 3 Half Day	M/W/F	9:15-12:00	\$5,980.00
<input type="checkbox"/>	Three's – 5 Half Days	M-F	9:15-12:00	\$7,950.00
<input type="checkbox"/>	Three's – 5 Full Day	M-F	9:15-2:45	\$12,135.00
<input type="checkbox"/>	Four's – 5 Half Day	M-F	9:15-12:00	\$8,310.00
<input type="checkbox"/>	Four's – Pre-K Full Day	M-F	9:15-2:45	\$13,880.00
<input type="checkbox"/>	Early Drop Off (circle all that apply)	M T W TH F	8:30-9:15	\$ 340/per day for the year
<input type="checkbox"/>	Extended Day for Three's and Four's (circle all that apply)	M T W TH F	12:00-2:45	\$ 1,300/per day for the year

**LITTLE SPARROWS NURSERY SCHOOL 2024-2025
NON-REFUNDABLE REGISTRATION FEE & DEPOSIT**

Returning families are given an early enrollment window beginning on December 1, 2023. New Families may begin enrollment for 2024/2025 on January 1, 2024. A payment of **\$650** is required by returning families at the time of registration (\$150 non-refundable registration fee and \$500 deposit toward final tuition.) A payment of **\$675** is required by new families at the time of registration (\$175 non-refundable registration fee and \$500 deposit toward final tuition.) Families can choose to pay tuition either monthly or quarterly. **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. A 10% discount will be given to the family if you are an active Ridgeway Armonk Church member. If you are interested in church membership, please let the school office know upon enrollment. Only ONE discount can be applied per family.

Method of Payment

- | | |
|---|---|
| <input type="checkbox"/> Pay In Full | 2% discount when paid in full |
| <input type="checkbox"/> Pay Monthly | Due the 1 st of Sept, Oct, Nov, Dec, Jan, Feb, Mar, Apr |
| Deposit | \$500.00 |
| Registration Fee | \$175.00 (New Students) \$150.00 (Returning Students) |
| Extended Day Deposit | \$100.00 |
| Early Drop Off Deposit | \$100.00 |
| <input type="checkbox"/> TOTAL _____ | |

If you would like to pay by credit card, please fill out the attached CC Authorization Form which is also 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 when the enrollment application is handed in. 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 District) except when noted on the Little Sparrows Nursery School Calendar.

Parent's Signature: _____ **Date:** _____

LITTLE SPARROWS NURSERY SCHOOL 2024-2025
CREDIT CARD AUTHORIZATION FORM
(If paying tuition using a credit card, please fill out below and return)



Child's Name: _____

All credit card payments are subject to a 2% processing fee with each charge.

Name (as it appears on CC): _____

Billing Address: _____

Billing Zip Code: _____

Phone Number: _____

Card Type (circle one): MASTERCARD VISA

Account Number: _____ Expiration Date: _____

CCV Code (3 digits on back of card): _____

Credit Card Authorization: I hereby authorize Little Sparrows Nursery School to charge my credit card for any and all tuition charges and additional fees as they come due.

Parent's Signature: _____ Date: _____

**LITTLE SPARROWS NURSERY SCHOOL 2024-2025
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

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.

Parent's Signature: _____ Date: _____



Office Use Only _____

448 Bedford Rd
Armonk, NY 10504

STUDENT CONTACT & EMERGENCY INFORMATION 2024-2025

Child's Name: _____ DOB: _____

Nickname (if used): _____ Gender: M F

Address: _____ City: _____ State: _____ Zip Code: _____

Mother's Name: _____ Cell Number: _____

Mother's Work Phone Number: _____ Occupation: _____

Mother's Email Address: _____

Father's Name: _____ Cell Number: _____

Father's Work Phone Number: _____ Occupation: _____

Father's Email Address: _____

EMERGENCY CONTACTS (OTHER THAN PARENTS)

Name: _____ Phone Number: _____ Relation: _____

Name: _____ Phone Number: _____ Relation: _____

Name: _____ Phone Number: _____ Relation: _____

Doctor's Name: _____ Phone Number: _____

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 above 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.

Parent/Guardian Signature: _____ Date: _____

ALLERGIES/ASTHMA/HEALTH ISSUE (please give detail): _____

**LITTLE SPARROWS NURSERY SCHOOL
AUTHORIZATION FOR PICK-UP & PHOTO CONSENT 2024-2025**

AUTHORIZATION FOR PICK-UP

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 Number: _____
Address: _____ Relationship: _____
2. Name: _____ Phone Number: _____
Address: _____ Relationship: _____
3. Name: _____ Phone Number: _____
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 (circle one):

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

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

YES / NO My child may be photographed for the school Facebook page.

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
SPECIAL NEEDS QUESTIONNAIRE
2024-2025**

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: _____

Does your child have special needs based on an evaluation?

YES NO

If no, do you have concerns that would warrant an evaluation and, if so, what are your specific concerns?

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 _____ PT _____ Speech _____

All information contained herein is confidential and will not be released to others verbally or in writing without parent/guardian consent

**LITTLE SPARROWS NURSERY SCHOOL
NAPPING AGREEMENT 2024-2025**

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 two 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 the day 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's Signature: _____ **Date:** _____

**LITTLE SPARROWS NURSERY SCHOOL
POLICY STATEMENT 2024-2025**

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

A 10% discount is given to younger siblings of children enrolled during the same school year. A 10% discount will be given to the family if you are an active Ridgeway Armonk Church member. If you are interested in church membership, please let the school office know upon enrollment. Only ONE discount can be applied per family.

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, story time, show and tell, both small and large motor play and much more. In addition, LSNS children participate in monthly chapel time, music class, outdoor play, physical education, Mad Science and Christmas concerts.

Parent’s Agreement: I fully understand and accept this Policy Statement and agree to pay Little Sparrows Nursery School in a timely manner for the 2024-2025 school year.

Child’s Name: _____

Parent’s Signature: _____ Date: _____



**AGREEMENT BETWEEN PARENTS/GUARDIANS AND
LITTLE SPARROWS NURSERY SCHOOL 2024-2025**

This agreement is to certify that for the period from September to June, when my child(ren) is at school I authorize Little Sparrows Nursery School 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, 2024 fee will result in the forfeiture of my child's space at Little Sparrows Nursery School.
5. I understand that the first tuition is due September 1, 2024. 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 Signature: _____ **Date:** _____

**LITTLE SPARROWS NURSERY SCHOOL 2024-2025
REGISTRATION COMPLETION CHECKLIST**

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

ENROLLMENT:

1E Completed Schedule Options

2E 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

Extended Day: \$100.00 added total to above payment

3E Signed Credit Card Authorization (if applicable) – **If filled out and handed in, tuition will be automatically charged to your credit card or each payment due.**

4E Signed and initialed LSNS Tuition & Refund Policy

APPLICATION:

1A Signed and Completed Student Contact and Emergency Information

2A Signed and Completed Pick-up Authorization and Photo Consent Form

3A Completed Special Needs Questionnaire

4A Signed and Completed Napping Agreement

5A Signed and Completed LSNS Policy Statement

6A Signed and Completed LSNS and Parent Agreement

Completed Medical Forms, which includes child's current physical and updated immunizations