



Child's World Nursery School

35 Middle Neck Road
Port Washington, NY 11050
516 883-4141 / fax 516 883-4702
email: cwns@childsworldns.org

APPLICATION FOR ENROLLMENT -- 2022 - 2023

This registration form must be completed, signed front and back, and accompanied by a check for **\$575.00**. I understand that this deposit is non-refundable and non-transferable and will be applied to my final payment of the last year my child is enrolled at Child's World.

Child's Name: _____
First (Please Print Clearly) Last

Address: _____
Street Town Zip

Child's Birthdate: _____ Gender: _____ Home Telephone: _____
Month/Day/Year

Parent Name: _____ Profession: _____

E-mail Address: _____ Cell phone: _____

Parent Name: _____ Profession: _____

E-mail Address: _____ Cell phone: _____

Marital Status: Married _____ Single _____ Divorced _____ Separated _____ Other _____

PROGRAM OPTIONS –	1 st Choice:	2 nd Choice:	Full Day:
• 2's – 2 day / 3 day / 5 day	_____	_____	N/A
• 3's – 3 day / 4 day / 5 day	_____	_____	_____
• 4's – Pre-K	_____	N/A	_____

Allergies: _____

Does your child have any known physical, medical, emotional, developmental or language conditions or delays? If so, please specify: _____

Does your child receive any services? If so, please specify: _____

Signature of Parent/Guardian

Date

Child's World Nursery School is licensed by the NYS Office of Children and Family Services. We are committed to providing quality, affordable education to preschool age children, offering a caring and nurturing environment promoting growth and development through creative play, social interaction and positive structured learning experiences. Child's World is a non-sectarian, non-profit community service of the United Methodist Church of Port Washington.

For Office Use Only: Program/Class _____ Annual Tuition _____ Registration Fee _____ Ck. # _____ (Rev 10/27/21)
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PLEASE COMPLETE AND SIGN REVERSE SIDE

Child's Name: _____

Program: 2's 3's Pre-K

PAYMENT PLAN OPTIONS (choose one) – Refer to your Tuition Schedule for payment amounts:	Initial Here:
• One Payment due on or before February 1, 2022	_____
• Two payments due on or before February 1, 2022 and September 1, 2022	_____
• Four payments due on or before February 1, 2022, April 1, 2022, September 1, 2022 and November 1, 2022	_____

1. I hereby enroll my child at Child’s World Nursery School and agree to pay full tuition for the program/class in the amount of \$ _____, which includes the \$575.00 **non-refundable, non-transferable** registration fee. I understand that all payments will be forfeited upon withdrawal. I understand that tuition payments not received by the due date are considered delinquent; that my child may not be permitted to attend the program until my account is made current. That after 30 days delinquency a late fee of \$25.00 may be charged; that there is a \$15.00 fee for returned checks.

2. I understand that the **tuition is non-refundable** and that I am responsible for payment of the full year's tuition even if I choose to withdraw my child. I understand that if my child is absent, no tuition credit will be given. I understand that 50% of tuition fees must be paid in full by September 1st or my child’s placement in the program will no longer be guaranteed and my tuition may be forfeited.

Registration fees and tuition are non-refundable. Full Payment is due by December 31ST 2022.

3. I understand the Continuous Enrollment Policy. I acknowledge that during In-House Registration Week, I must submit a new Enrollment Application in order to complete registration otherwise my child’s spot may be forfeited. I understand that written notification is necessary if my child is not re-enrolling in the program.

4. I agree to cooperate with the school policies and by attending parent meetings and teacher conferences.

5. I grant permission for my child to use all play equipment and to participate in all activities of the school.

6. I grant permission for the use of my child's artwork and photographs for publicity purposes for the school.

7. I grant permission for my name, address, telephone number and email to be included in the School Directory and on my child’s class list, and our home and/or cell telephone numbers to be included in our telephone notification system. I agree _____ I do not agree _____

8. The Executive Board reserves the right to withdraw an enrollment at any time after considering the following criteria such as but not limited to: needs of the child, health and safety of the group and teacher time.

9. Under no circumstances will the child be released to anyone not known to the school without written authorization from parent/guardian.

10. I hereby authorize the Child’s World Staff to render first aid or obtain prompt medical care for my child in case of emergency.

11. I understand that medical expenses incurred by the child in excess of those covered by the school insurance are the responsibility of the parent or the parent’s personal insurance.

12. I understand that each child is required to have an annual physical examination report on file at the school, and that all immunizations required by New York State law be specified and dated.

13. I understand that while teacher requests are considered, the ultimate goal of student placement is that each child be placed in the best possible learning environment, taking into account strengths and areas of growth, interpersonal relationships, and social/emotional development in establishing balanced classes.

14. If my child is receiving special services, (Speech, OT, PT, SEIT, etc.) has a(n) medical or emotional condition, or a developmental or language delay, I will inform the Preschool Director prior to registration to help determine the proper placement.

15. If my child requires continuous individual attention and it is determined that my child needs an aid, all expenses required for the additional staff and not covered by Port Washington CPSE Services, will be paid by the child’s parent or guardian.

16. I acknowledge that I have been notified and directed to find the policies, rules and regulations of Child’s World Nursery School as outlined in the CWNS Parent Handbook.

17. The obligations of CWNS under this Agreement may be suspended immediately without notice during periods that the school must close because of *force majeure* events including, but not limited to, fire, acts of God, war, government action, terrorism, epidemic, pandemic, or any other event beyond the school’s control. If such an event occurs, the school’s duties and obligations under this Agreement may be suspended or postponed until such time as the school, in its sole discretion, may safely re-open. A *force majeure* event will not entitle the parents to a tuition refund.

Signature of Parent/Guardian _____

Date: _____