

ST. JOHN THE EVANGELIST NURSERY SCHOOL

number1preschool.com

Anne C. Freytag - Director
1 Sherman Street
New Hartford, New York 13413
Phone 724-4347

Dear Parents,

Attached is an application for St. John the Evangelist Nursery School.

Our nursery school provides pre-school education for three and four year olds through music, arts, creative and physical activities as well as other organized experiences with a full time teacher and teacher assistant in each classroom.

The school year extends from September through May.

The Board of Directors has approved tuition for the 2012-13 school year as specified in the attached application.

An annual supply fee is charged to cover basic supply needs and is included in first tuition payment.

We ask you to enclose a \$30.00 non-refundable application fee with your completed form and mail it to the address listed below. Make checks payable to: St. John the Evangelist Nursery School.

We thank you for your interest in our program.

Sincerely yours,

**Anne C. Freytag
Director**

Please send completed application to:

**St. John the Evangelist Nursery School
1 Sherman Street - Site 2
New Hartford, New York 13413-2611**

St. John the Evangelist Nursery School

APPLICATION FOR ENROLLMENT - 2012-2013

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Date Rec.'d	Fee Paid
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Rev. 1/12

CHILD'S FULL NAME _____ Male _____ Female _____ BIRTHDATE _____

ADDRESS _____ HOME PHONE _____

(Street) (City/Town) (State/Zip)

FATHER'S NAME _____ OCCUPATION _____

BUSINESS ADDRESS _____ BUSINESSPHONE _____

MOTHER'S NAME _____ OCCUPATION _____

BUSINESS ADDRESS _____ BUSINESS PHONE _____

OTHER CHILDREN LIVING AT HOME

_____ D.O.B. _____ D.O.B. _____

_____ D.O.B. _____ D.O.B. _____

RELIGIOUS DENOMINATION _____ PARISH/CONGREGATION _____

CHILD'S DOCTOR _____ PHONE _____

PERSON TO CONTACT IN EMERGENCY IF PARENTS ARE NOT AVAILABLE:

_____ PHONE _____ PHONE _____

Please answer the following:

DOES YOUR CHILD HAVE PREVIOUS NURSERY SCHOOL EXPERIENCE? _____ WHERE? _____

DOES YOUR CHILD HAVE ANY PHYSICAL LIMITATIONS OR MEDICAL/ALLERGY PROBLEMS? _____ PLEASE SPECIFY _____

PLEASE CIRCLE: IS YOUR CHILD PREDOMINATELY RIGHT OR LEFT HANDED?

LANGUAGE(S) SPOKEN IN THE HOME _____

PARENTS: Would you be interested in working on Fund-Raising? Yes _____ No _____

If the opportunity arises, are you interested in serving on the Nursery School Board? Yes _____ No _____

PLEASE INDICATE BELOW YOUR FIRST (1) AND (2) CHOICE OF SESSIONS:

If your first choice is unavailable and you have **not** indicated a second choice, your child's name will be placed on the waiting list for your preferred session. **TUITION LISTED IS PER MONTH**

3 Year Olds: \$98.00 9:00-11:30 A.M. M/W

\$98.00 9:00-11:30 A.M. T/Th

\$148.00 9:00-11:30 A.M. T/W/Th

Lunch Bunch **\$50.00** 11:30-3:00 P.M. Monday

Lunch Bunch **\$50.00** 11:30-3:00 P.M. Tuesday

Lunch Bunch **\$50.00** 11:30-3:00 P.M. Wednesday

Lunch Bunch **\$50.00** 11:30-3:00 P.M. Thursday

4 Year Olds: \$260.00 9:00-Noon M thru F

\$214.00 9:00-Noon M thru Th

\$160.00 9:00-Noon M/W/F

\$160.00 9:00-Noon M/W/Th

Lunch Bunch **\$45.00** Noon-3:00 P.M. Monday

Lunch Bunch **\$45.00** Noon-3:00 P.M. Tuesday

Lunch Bunch **\$45.00** Noon-3:00 P.M. Wednesday

Lunch Bunch **\$45.00** Noon-3:00 P.M. Thursday

Please return application to Nursery School office and include non-refundable \$30.00 application fee.

Child must be 3 or 4 years old on or before December 1, 2012.

I understand that I am to pay the first month's tuition upon receipt of my child's Acceptance Letter and this money will be forfeited in case of withdrawal without one month's written notice.

PARENT'S SIGNATURE _____

CHILD'S NAME: _____

This is a list of skills generally used during preschool. **WE DO NOT EXPECT EVERY CHILD TO HAVE MASTERED ALL THESE SKILLS BEFORE STARTING PRESCHOOL.** Please check all skills your child can do:

- ___ Can walk up and down stairs independently.
- ___ Can jump in place.
- ___ Can balance on one foot for 5 seconds.
- ___ Can use a small slide without assistance.
- ___ Can ride a trike.
- ___ Can throw a ball overhead.
- ___ Can catch a ball bounced to her/him.
- ___ Can button and unbutton.
- ___ Can put on own coat and boots.
- ___ Can snip with scissors.
- ___ Can hold a cup with one hand.
- ___ Can drink from a cup with no top.
- ___ Can use a spoon to eat.
- ___ Can use speech to indicate needs and feelings.
- ___ Can answer questions beginning with What, Where, Who and Why.
- ___ Can join in play with other children.
- ___ Can take turns most of the time if reminded.
- ___ Can share with others.
- ___ Can follow a two-step direction.
- ___ Can separate easily from parent in familiar surroundings.
- ___ Can use terms such as "Thank you", "Please" and "You're welcome" appropriately.
- ___ Can help adults with activities such as picking up, wiping tables and dusting.
- ___ Can wash and dry own hands.
- ___ Can use the toilet without assistance.
- ___ Can blow nose independently.



Medical Statement of Child in Childcare

To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

Name of Child:	Date of Birth:	Date of Examination:
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Immunizations required for entry into day care

Yes No

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date	2 nd Date	3 rd Date	4 th Date	5 th Date
Polio (IPV or OPV)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Haemophilus influenzae type B (Hib)	1 st Date	2 nd Date	3 rd Date	4 th Date OR 1 st Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Hepatitis B	1 st Date	2 nd Date	3 rd Date		
Measles, Mumps and Rubella (MMR)	1 st Date	2 nd Date			
Varicella (also known as Chicken Pox)	1 st Date	2 nd Date			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:

Tests

Tuberculin Test Date: ___ / ___ / ___ Mantoux Results: Positive Negative _____ mm
 TB Tests are at the physician's discretion.
 If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.
 Lead Screening Date: ___ / ___ / ___
 Attach lead level statement
Lead Screening (Include All Dates and Results)
 1 year ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary
 2 years ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary
Most recent date of lead screening (if different from above):
 ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary
Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.
 If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.



Medical Statement of Child in Childcare

(continued)

Health Specifics	Comments
Are there allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Summary of Physical Exam

Include special recommendations to Day Care Providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in day care.

Yes No

Signature of Examiner	Address
Please Print Name	City, State, Zip
Title	() Phone
	Date

Religious Exemptions

Public Health law Section 2164 allows a child to be religiously exempted from immunization. A written and signed statement from a parent, parents or guardian of the child stating that they object of the immunization of their child due to their sincere and genuine religious beliefs should be submitted to the day care owner, operator or administrator who shall determine whether the statement of religious belief is acceptable.