

Child's Full Name: _____
(Print)

Birth Date: _____
mm/dd/yyyy

For Office use only:

Date rec'd: _____

Immunization Records rec'd date: _____

Last Flu Shot: _____

Age as of 10/1: _____

1/10 Tuition rec'd date: _____



Our Savior Nursery School 2024-2025 Registration Form

Please choose the program that best fits your child by using the Program Guide on the back of this form and return your forms with a **non-refundable \$90.00 registration fee and one month's tuition** for the program you have chosen. Make your check payable to **"Our Savior Nursery School."**

And mail it to: **Our Savior Nursery**
143 Brooklyn Road
Stanhope, N.J. 07874

Children are accepted on a trial basis. The school reserves the right to request the withdrawal of a student at any time for reasons consistent with the best interest of the child, the school, and other students. When a parent withdraws a child from enrollment a 30-day advance notice in writing should be given to the Director. See the Parent Handbook for details concerning tuition and withdrawal. **Your signature below constitutes your acceptance of the terms and procedures found in the parent handbook.**

Thank you.
Colleen DeVito, Director

Class Options: Please circle your class choice (tuition costs on other side)

Preschool 1:	3 days/week: Monday/Wednesday/Friday	Extended Day: Yes or No
Preschool 2:	3 days/week Monday/Wednesday/Friday	Extended Day: Yes or No
	4 days/week: Monday/Tuesday/Thursday/Friday	Extended Day: Yes or No
	5 days/week: Monday/Tuesday/Wednesday/Thursday/Friday	Extended Day: Yes or No
Pre-K 4	4 days/week: Monday/Tuesday/Thursday/Friday	Extended Day: Yes or No
	5 days/week: Monday/Tuesday/Wednesday/Thursday/Friday	Extended Day: Yes or No

Registration Fee: **\$90.00**

Plus, One Month of Program Fee: _____

Total amount due at Registration to hold your place: _____ (\$90.00 plus one-month tuition payment)

Parent Signature: _____ **Date:** _____

EMAIL: _____ **Telephone #:** _____

Cell Phone: _____ **Preferred to be reached by:** Email/ cell/ phone/ text message/ us mail

*****To hold your place in the class please return this form signed, the Information Data Sheet for your child, and the corresponding fee which is nonrefundable.*****

2024-2025 Our Savior Nursery School Program

A Creative Curriculum based academic program.

CLASS	DAYS/TIMES	MONTHLY TUITION
Preschool 1 9:00 – 12:00 (Must be 2 ½ by October 1)	Mon./Wed./Fri.	\$362.00/month
Preschool 2 9:00-12:00 (Must be 3 by October 1)	3 Day: Mon/Wed/Fri 4 Day: Mon/Tues/Thurs/Fri 5 Day: Mon - Fri	\$362.00/month \$390.00/month \$450.00/month
Pre – K 9:00 – 12:00 (Must be 4 by October 1 and fully potty trained)	4 Day: Mon/Tues/Thurs/Fri 5 Day: Mon - Fri	\$390.00/month \$450.00/month

EXTENDED DAY PRICING

There are two options for our Extended Day:

Before Care: 7:30am – 9:00 am

Lunch Bunch: 12:00pm – 1:00pm (healthy lunch from home)

Lunch Bunch Drop in Price: \$15.00/day.

Three Day Extended	\$492.00/month
Four Day Extended	\$565.00/month
Five Day Extended	\$670.00/month

Tuition payments are due on the 1st of the month and are the same **regardless of absences, snow days, illness, or vacation.**

A \$15.00 late fee will be applied after the 15th of every month.

Thirty days written notice is required when withdrawing your child to avoid charges for the next month.

Sibling Discount: 10% of youngest child’s tuition, if both children are enrolled at the same time.

Active Church Member Discount: 10% of child’s tuition, if your family is an active member of The Lutheran Church of Our Savior, Stanhope, NJ.

If a session or program does not have enough children enrolled you will be given the option to have a combined class with mixed ages, move to a different class, or get a refund if we cancel your class. This decision will be made by August 15th.