

Presbyterian Community Nursery School

150 Pittsburgh Ave

Massapequa, NY 11758

Telephone: (516) 541-0864 FAX: (516) 541-3368

TOT-TIME MOMMY & ME

Registration Spring 2018

Dear Parents,

Thank you for your interest in the Presbyterian Community Nursery School's Tot-Time Program. This program is designed to help children learn to cooperate within a group setting. Teacher, child, and parent (or caregiver) share a special hour together participating in circle time, arts and crafts, free play, story time, music & movement activities, group play, and making new friends. Snack will be provided by the school.

In order to participate in the Tot-Time Program, your child must be 18 months of age by January 1, 2018. **Children must be accompanied by one adult that is able to participate in the program's planned activities. NO SIBLINGS ALLOWED (Including infants in carriers).**

Important Information

- The Spring Tot-Time Program runs January – May
- Classes are offered on Tuesday and Thursday (5 children minimum)
- Times available: 9:00-10:00; 10:15-11:15
- Registration fee of \$60.00 is non-refundable. **If your child is enrolled in the fall 2017 Tot-Time program, no registration fee is required.**

Tuition/Start Date:

Tuesday (19 Sessions)	Thursday (19 Sessions)
\$304.00	\$304.00
Begins Jan. 9 th	Begins Jan 11 th

- Program payment is due by the first class. If payment is not made by the second class, a \$20.00 late fee will be added onto your tuition.
- Immunization Record must be submitted with Enrollment Form. (For new students only)

Please submit the following: Enrollment Form, a registration fee of \$60.00, your child's Immunization Record and a self-addressed stamped envelope to the School Office by December 11, 2017.

Thank you for choosing our Tot-Time Mommy & Me Program. We know you'll enjoy it!

Presbyterian Community Nursery School

TOT-TIME MOMMY & ME ENROLLMENT FORM SPRING 2018

Child's Name _____ Date of Birth _____

Parent's Names _____ Telephone# _____

Address _____

Email _____

Please indicate session preference by numbering your 1st or 2nd choice. You must choose two.

Opening a class will depend on the number of children enrolled.

Tuesday

_____ 9:00am

_____ 10:15am

Thursday

_____ 9:00am

_____ 10:15am

Parent's Signature: _____ Date: _____

Office Use Only

Registration fee \$60.00

Check # () Cash ()

Immunization attached ()

PLEASE RETURN THIS FORM, THE REGISTRATION FEE, YOUR CHILD'S IMMUNIZATION RECORD, AND A SELF-ADDRESSED, STAMPED ENVELOPE TO THE SCHOOL OFFICE NO LATER THAN DECEMBER 11th.