

# Presbyterian Community Nursery School

150 Pittsburgh Ave

Massapequa, NY 11758

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

## TOT-TIME

### Registration Fall 2014

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 and movement activities, group play, and making new friends.

An activity enjoyed by all children is snack, which will be provided by the school. Of course, you can always bring in a nutritious snack and juice to share with the class. Just let your teacher know in advance.

In order to participate in the Tot-Time Program, your child must be 18 months of age by September 1, 2014. ***Children must be accompanied by a parent or caregiver that is able to participate in the program's planned activities.***

#### Important Information

- The Fall Tot-Time Program runs September – December, beginning the week of September 15, 2014.
- Classes are held on Monday or Wednesday (depending on enrollment)
- Times available: 9:00-10:00; 10:15-11:15
- Registration fee of \$60.00 is **non-refundable**.
- Tuition Fee: Mondays (14 sessions) - \$196.00 OR Wednesdays (13 sessions) - \$182.00 (due by Sept. 8<sup>th</sup>).
- 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 by the first class.

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 **May 30, 2014**.

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

*Mary Dragonetti*

Mary Dragonetti  
Nursery School Director

# Presbyterian Community Nursery School

## FALL 2014 TOT-TIME ENROLLMENT FORM

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Parent's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

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

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

<u>DAY/TIME</u>		<u>DAY/TIME</u>
Monday 9:00	OR	Wednesday 10:15

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Monday 10:15	OR	Wednesday 9:00
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Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registration fee \$60.00

Check # (     )     Cash (     )

Immunization attached (     )

**PLEASE RETURN TO THIS FORM ALONG WITH A SELF-ADDRESSED, STAMPED ENVELOPE TO  
SCHOOL OFFICE NO LATER THEN MAY 30<sup>th</sup>.**