



**First Presbyterian Nursery School and Pre-Kindergarten
474 Wantagh Avenue
Levittown, N.Y. 11756**

fns@optonline.net

516 796-6221

www.levitfpc.org

Where love of learning begins!

Dear Parents,

Thank you for your inquiry regarding our nursery school. Enclosed, you will find a brief synopsis of our school and registration packet.

We are always available to answer your questions. Feel free to stop by and take a tour!
We hope to see you soon!

Sincerely,

Bethann Hart - Taravella - Director
and the Entire Nursery School Staff

12/20/2018



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Facebook page: First Presbyterian Nursery School

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PURPOSE: Our primary purpose, as a non-profit, non-sectarian early childhood center is to give children their first introduction to a group experience in a warm and nurturing environment. The learning experience has many facets and we help your child develop physically, socially, emotionally as well as intellectually.

PROGRAM: For physical development, we utilize a full size gymnasium as well as a large outdoor playground. In both, we use a variety of equipment for muscle development and coordination. Our classrooms offer a large variety of Manipulative and sensory equipment, creative art, activity centers, easel work, blocks, water and sand play, music, science and dramatic play. The Nursery program stresses cooperation, beginning color, shape, letter, and number recognition. We also stress classroom etiquette, self help and citizenship skills. The Pre-K program stresses all of the above in greater detail as well as beginning Phonics, pre-writing, pre-math and pre-science skills and language arts.

SCHEDULE: **Four Year Old Classes - Pre Kindergarten**

Monday through Friday mornings
Monday/Wednesday/Friday afternoons

Three Year Old Classes - Nursery

Monday/Wednesday/Friday mornings
Tuesday/Thursday mornings
Monday/Wednesday/Friday afternoons
Monday through Friday mornings

Toddler Program

Tuesday/Thursday Mornings
Monday/Wednesday/Friday Mornings
Monday through Friday Mornings
All morning classes are from 9:30 am to 12:00 pm
All afternoon classes are from 12:45 pm to 3:15 pm

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TUITION: Five days per week: \$350.00 per month for 2018-2019 school year.
Three days per week: \$250.00 per month for 2018-2019 school year.
Two days per week: \$200.00 per month for 2018-2019 school year.
FPNS tuition is calculated on a **Ten (10)** month year, September through June.
Sibling discount: 20% off second child.

FEE: Registration fee is \$110.00 which covers processing, pumpkin patch and field day, along with various special events. Should your plans change, you must notify the school by June 1st in order to receive 50% tuition reimbursement. After June 1st there will be no refunds. Payment to be made in check or money order payable to:
First Presbyterian Nursery School.

NOTE: *Toilet training should be encouraged. We request that all children be toilet ready by November 1.*



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Registration Form

By returning this form, along with the registration fee of \$110.00, your child's place will be held for the school year **2019-2020**. **Please return this form as soon as possible as classes fill up quickly.** **Student information and medical forms** are included in this packet and are to be returned by **August 1st**.

Name of Child _____ Birthdate _____

Parents' Names _____

Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Please indicate which class you would prefer your child to attend by ranking them in order of preference. If your first choice is full, we will contact you.

3 Year Olds (Birthdate 12/01/15 through 11/30/16)

Toddler Program (2 by 11/01/19)

Tuesday/Thursday Mornings _____

Monday/Wednesday/Friday _____

Monday/Wednesday/Friday Mornings _____

Monday through Friday _____

Monday/Wednesday/Friday Afternoons _____

Tuesday/Thursday _____

4 Year Olds (Birthdate 12/01/14 through 11/30/15)

Monday through Friday Mornings _____

Monday/Wednesday/Friday Mornings _____

Check # _____

Monday/Wednesday/Friday Afternoons _____

Date Paid _____



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AGREEMENT OF TUITION PAYMENT FORM 2019/2020

Child's Name: _____ Birth Date: _____

Address: _____

Tuition: Five Days per Week: \$350.00 Per Month for 10 Months.

Three Days per Week: \$250.00 Per Month for 10 Months.

Two Days per Week: \$200.00 Per Month for 10 Months.

First tuition payment is due on the first day of school and then on the **FIRST CLASS** of each month thereafter. Payments to be made with check or money order, payable to: First Presbyterian Nursery School.

A fifteen (10) day grace period for the payment of tuition will be granted in any one (1) given month. Grace periods **WILL NOT** be granted for two successive months. Failure to remit payments on the required dates may lead to cancellation of your child's participation at the school unless authorized payment schedules have been approved by the Director.

The Registration Fee is NOT THE FIRST MONTH'S TUITION.

I AGREE TO PAY THE APPROPRIATE AMOUNT OF TUITION AS SHOWN ABOVE IN TEN (10) EQUAL PAYMENTS, THAT ARE DUE THE FIRST (1st) OF EACH MONTH, BEGINNING WITH THE FIRST DAY OF SCHOOL IN SEPTEMBER. THERE IS NO ALLOWANCE FOR LENGTHY ABSENCES.

I HAVE READ AND UNDERSTAND THE INFORMATION PRESENTED ABOVE.

PARENT SIGNATURE: _____ DATE _____

PRINT NAME: _____ DATE _____

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Student Medical Report

(Please print legibly)

Child's Name _____ Birthdate _____

Address _____ Phone _____

Physician to be called in an emergency:

Name _____ Phone _____

Health History

Chicken Pox _____ Whooping Cough _____ Mumps _____

Pneumonia _____ German measles _____ Polio _____

Scarlet Fever _____ Rheumatic Fever _____ Diphtheria _____

Immunization or attach from medical facility

MMR _____ Pertussis _____

Measles _____ Mumps _____ Rubella _____

Oral Polio _____ Pneumococcal _____

DPT _____ DPT Booster _____

Hepatitis _____ Tuberculosis _____

Physical Report

Nutrition _____ Posture _____ Heart _____ Lungs _____

Tonsils _____ Hernia _____ Skin _____

Is the child able to participate in all activities? Y N If no, Explain. _____

Does the child have any allergies? Y N If yes, Explain. _____

This will certify that _____ is free of any communicable disease and that he/she can participate in all nursery school activities.

Signature of Physician

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Student Information Form

Name of Child _____ Birthdate _____

Address _____

Home Phone _____ Unlisted? Yes No

Mother's Name _____ Occupation _____ Cell Phone _____

Father's Name _____ Occupation _____ Cell Phone _____

Email Address _____

Please list three (3) contacts in the order you would like us to contact them, in case of an emergency:

<u>Name</u>	<u>Cell Phone</u>	<u>Home Phone</u>	<u>Relationship to child</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Children in Household:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Adults in Household:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe your child's behavior. _____

Student Information Form (Continued)

Type of activities your child enjoys: _____

Previous group experiences: _____

Does your child have any fears or anxieties? _____

Does your child receive any services? (ex: Speech, OT, etc) _____

Does your child have any food allergies? Yes No

Explain: _____

Any other allergies? _____

Is your child on medication? Yes No Explain: _____

Was your child premature? Yes No How early: _____

Any other instructions? _____

Parents, we need to know of any changes in the family: illness, death, separation (no details), if pet dies, etc. because these occurrences may upset a child that might affect their behavior. Please speak confidentially to their teacher.

Authorizations

On occasion, we send school photos to the Levittown Tribune, Penny Saver, and Facebook.. **The student will not be named in the photo.** Please check the appropriate box:

I give my permission for my child's group photo to be sent to the local newspapers. Yes No

Children like to invite friends for play dates and parties. Please check the appropriate box:

I give my permission for my telephone number to be released to classmates. Yes No

In the event that a parent cannot be reached and emergency medical attention is necessary, I authorize the director to either obtain help or take my child to the emergency room of a nearby hospital.

Parent Signature _____ **Date** _____

I have read and understand the information presented above.

Parent Signature _____ **Date** _____

12/20/2018

