## **REGISTRATION INSTRUCTIONS 2024-2025**

The following MUST be returned before the first day of school, September 2024:

□ Medical Report / Updated Copy of Immunizations

Select your class(es) below. Make checks payable to <u>Mayfair Nursery School</u> and mail with completed forms to:

Mayfair Nursery School 51 Glenridge Rd. Glenville, NY 12302

All other tuition/correspondence should be mailed to the school at the address above or given to a teacher at school

If your child has not met our teacher or visited Mayfair Nursery School, please plan to have your child meet with our teacher either at an open house or planned visit within two weeks of handing in your registration materials.

	3 year old class (T/TH 9:00-11:30 am) <u>\$2</u>	\$295.00 total payment includes:	
	Registration Fee (non-refundable)*	\$ 60.00	
	Advance tuition for the last month of school: (June 202	24) \$ 140.00	
	Maintenance Fee	\$ 95.00	
	3 year old class (T/TH 12:00-2:30 pm) §	\$295.00 total payment includes:	
	Registration Fee (non-refundable)*	\$ 60.00	
	Advance tuition for the last month of school: (June 202	24) \$ 140.00	
	Maintenance Fee	\$ 95.00	
	Registration Fee (non-refundable)* Advance tuition for the last month of school: (June 2024 Maintenance Fee	\$ 60.00 \$ 160.00 \$ 95.00	
	4-5 year old class (MWF 12:00-2:30 pm) <u>\$</u>	315.00 total payment includes:	
	Registration Fee (non-refundable)*	\$ 60.00	
	Advance tuition for the last month of school: (June 2024	\$ 160.00	
	Maintenance Fee	\$ 95.00	

NOTE: Families with multiple children attending Mayfair are eligible for a monthly discount of \$10.00 for one child. Plus, if both children are registered at the same time, one registration fee will be waived.

<sup>\*</sup> To withdraw prior to the start of the school year, Mayfair Nursery School must receive written notice by July 1st or last month's advance tuition will be forfeited.

<sup>\*\*</sup>The full year's tuition may be paid in advance for a 5% discount.

<sup>\*</sup>Note: In typical situations, it is expected that children be toilet trained. Special circumstances should be discussed with the teacher.

## **Registration Form 2024-2025**

Date:

Class:	3-year olds/Tuesd	lay and Thursday AM	(9:00-11:30)* (12:00-2:30)*			
	3-year olds/Tuesday and Thursday PM (12:00-2:30)* 4-year olds/Monday, Wednesday and Friday AM (9:00-11:30)*					
	4-year olds/Mond * CLASSES SUBJE	ay, Wednesday and Fr CT TO CHANGE DUE				
Child's Full N	Jame		DOB			
Child's Nickn	name, if any:		Male □	Female □		
Address:		Phone#:				
E-mail						
	ircle one): married		divorced s	ingle widow		
Child lives wi	ith (circle one): parents m	other father other (p	olease list)			
Father/Guardi						
		Occupation:				
Cell #:						
Mother/Guard	lian Name:	Occupatio	on:			
Cell #:						
	es of other children in the					
Who will be r	esponsible for bringing and	picking up your child?				
	den illness, who should be r			:		
Doctor's Nam	ne:	Tel. #:				
Does your chi	ild have any food allergies?_	If yes, to wha	t?			
What do you	want your child to gain from	n their nursery school ex	perience?			
Is your child r	receiving services? (i.e., spe	ech, physical therapy, o	ccupational therap	y?)		
What is your s	school district					
Do you have a	any parental concerns that the	ne teacher should be awa	are of?			
Has your child	d had any previous nursery	school experience?				
How did you	find out about Mayfair Nurs	sery School?				
	aatty trained?					