



## **MAYFAIR NURSERY SCHOOL REGISTRATION INSTRUCTIONS 2025-2026**

A most Recent Copy of your child's Immunization Record MUST be turned into the teacher before the first day of school, September 2025.

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Nickname: \_\_\_\_\_

Street: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_ Birthdate: \_\_\_\_\_

E-Mail(s): \_\_\_\_\_

School District: \_\_\_\_\_

Name of Mother or Legal Guardian (circle one):

\_\_\_\_\_ CellPhone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Name of Father or Legal Guardian (circle one):

\_\_\_\_\_ CellPhone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

If Applicable, Name of Caregiver: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents are (circle one):      married      separated      divorced      single      widow

Child lives with (circle one): parents   mother   father   other (please list) \_\_\_\_\_

Names and Ages of siblings: \_\_\_\_\_

In the event that your child becomes sick and neither parent can be reached, list two contact people who may be called.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special needs or parental concerns that the teacher should be aware of \_\_\_\_\_

Is your child receiving services? (i.e., speech, physical therapy, occupational therapy?) \_\_\_\_\_

Left-handed \_\_\_\_\_ Right-handed \_\_\_\_\_ Potty-Trained: Yes / No (circle one)

Does your child have any fears that should be noted: \_\_\_\_\_

List interest(s): \_\_\_\_\_ Favorite color(s): \_\_\_\_\_

Family Pet(s): \_\_\_\_\_

Has your child previously attended a Preschool program? No \_\_\_\_\_ Yes \_\_\_\_\_

What do you want your child to gain from their nursery school experience? \_\_\_\_\_

Any talents or interests a family member could share with the class? \_\_\_\_\_

**Release of Child:** My child \_\_\_\_\_, may be released to the following people: \_\_\_\_\_

---

**Method of Payment:** Please make checks payable to **Mayfair Nursery School** 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 the teacher at school.

Select your class(es) below.

☐ **3 AM class (T/TH 9:00-11:30 am)**

**\$175.00 total payment includes:**

☐ **3 PM class (T/TH 12:00-2:30 pm)**

Registration Fee (one time, non-refundable)\*

\$75.00

Maintenance Fee (one time)

\$100.00

☐ **4-5 AM class (MWF 9:00-11:30 am)**

**\$175.00 total payment includes:**

☐ **4-5 PM class (MWF 12:00-2:30 pm)**

Registration Fee (one time, non-refundable)\*

\$75.00

Maintenance Fee (one time)

\$100.00

**The \$75 registration fee is non-refundable. It is understood the tuition of \$190.00 (two-day) or \$205.00 (three-day) shall be due by the first of each month by check, payable to Mayfair Nursery School or in cash in a labeled envelope. Tuition is late after the 4th of the month and a \$10 late fee will be applied.** I understand there will be no refunds or partial refunds due to illness, snow days or holidays. Extenuating circumstances will be referred to the Advisory Board.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about us?

\_\_\_\_\_ Relative/Friend \_\_\_\_\_ Website \_\_\_\_\_ Sign / Drive By \_\_\_\_\_ Facebook \_\_\_\_\_ Other

*\* 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.*

**\*\*The full year's tuition may be paid in advance.**

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