



SAINT THERESE
Nursery School

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Dear Families,

Welcome to St. Therese Nursery School Playgroup! We are blessed to have you join our school community. Our mission is that “Learning is a journey, not a destination.” The purpose of our playgroup is to expose your child to an early childhood setting as well as provide parent education.

The playgroup is structured with me as the facilitator and a teacher assistant. This is similar to our classrooms where there is a teacher and teacher assistant. The first exposure to the classroom is play dough. This experience not only eases a child to the transition of the setting, but also, provides strengthening of the muscles in their hands and creative expression in the formation of the structures. This is followed by center time where children may explore the various centers throughout the room. After the children are given a reminder of clean up in five minutes, a clean up song follows and we prepare for a meeting on the rug. Here I will read a thematic story and develop background knowledge and thematic vocabulary. We end with a short snack which we provide. If your child has a food allergy, please let me know and we will accommodate your child. We are a peanut/tree nut free school and all snacks are safe for consumption by children with these allergies. After snack we head to the playground for gross motor activities. Upon closing, we join together on the rug to sing good bye to our new friends.

During playgroup parents may sit along the perimeter of the room or engage with their child. It is typical for children in this age group to “parallel play”. This is when two or more children may be involved in the same center or activity but are not engaging with one another. We encourage interactive play by modeling and finding similar interests for our friends to interact. This happens over time and with repeated exposure. In April and May we will encourage our parents to drop off their child in the classroom as they would for a nursery school drop off and remain in the meeting room during the session.

The sessions will run from noon to 1:00 p.m. for sixteen times from October through May on a Thursday. A second playgroup will be opened from 1:15 to 2:15 upon the complete enrollment of the first time period. The fee for playgroup is \$250.00 for the year. Attached you will find the registration packet. I will forward a playgroup calendar in April. Please submit the registration and fee prior to the first playgroup. In addition, a copy of your child’s most current physical/immunization records must be submitted prior to the start of playgroup. Registration will be on a first come, first serve basis with a maximum of ten students. In addition, you will begin to receive our monthly newsletter and invitations to join our school community events upon registration. This is another opportunity to acclimate your family to our school community! We encourage you to attend as many of the activities as you can!

If you have any questions, please feel free to contact me at any of the contacts above. Thank you in advance for sharing your child with us today! God bless you on your learning journey!

In God’s Peace,
Miss Michele

Office Use:
Program _____
Check# _____
Note: _____



St. Therese Nursery School Playgroup Registration 2020/2021

Sign up date: _____ Four year old _____ Three Year old _____ Two Year Old _____

Beginning Date: _____

Child's First Name _____ Last Name _____

Address: _____ City _____ Zip code _____

Parent Address if different from above: _____

Home Phone # _____ Cell phone # _____ Date of Birth _____

Email address: _____

Mother (First and Maiden Name) _____

Occupation _____ Company Name _____

Address of Employer _____ City _____ Zip code _____

Phone number at work (include area code) _____

Religion _____ Parish _____

Father _____ Cell phone # _____

Email address: _____

Occupation _____ Company Name _____

Address of Employer _____ City _____ Zip code _____

Phone number at work (include area code) _____

Race _____ Religion _____ Parish _____

Primary language spoken at home _____

Child's Medical Information

Physician: _____

Phone (Office) _____

Address: _____

City _____ Zip code _____

Please list two Emergency Names / Relationship to Child / Telephone Number & Cell

1) Name _____

Relationship to Child _____

Telephone Number _____ Cell Phone _____

2) Name _____

Relationship to Child _____

Telephone Number _____ Cell Phone _____

The above listed emergency contacts have my permission to pick up my child from school.
Please list names and ages of other children in the family:

PARENT/GUARDIAN SIGNATURE _____

DATE _____