



SAINT THERESE
Nursery School

Celebrating our 20th Anniversary as the leading early childhood experience!

New Student Registration Packet
2020/2021

Dear Family,

Thank you for choosing St. Therese Nursery School for your child's early childhood education. As we enter our **twentieth year** our mission is still to provide a safe, healthy, and nurturing environment where learning is a journey, not a destination. We incorporate Jesus' infinite love for others through socialization development. Our curriculum utilizes developmentally appropriate experiences that are the building blocks for future academic progress. As a community of learners consisting of children, parents, and staff, we pray that our mission will inspire you over the next year.

Attached you will find a registration packet with a checklist. Please complete all of the forms on the checklist and retain this letter and the remaining paperwork for your records. The medical forms must be completed by your pediatrician as state statutes require each of the immunizations listed. Within thirty days of your child's last physical, a new medical form must be completed. You will receive a reminder letter and new immunization form a month prior to the expiration of the physical. ***The deposit of one month's tuition and a current medical form are required by June 1, 2020*** in order for your child to start in September. If your child's birthday or physical date is after that date, please notify me and I will note this for our nurse consultant. You will need to send in this paperwork as soon as it becomes available.

You will receive a letter by April 1, 2020 with information regarding your child's placement (a.m., p.m. or pre-K), school calendar for 2020/2021, and further information on the Meet & Greet that will occur the Friday before the start of school.

In an effort to welcome our new families and familiarize them with our school community, you will begin to receive emails from me with our monthly newsletters and invitations to STNS school events such as our pasta dinner, Easter Egg Hunt, and end of the year picnic. We will also be hosting an event in late spring for our new students and their families! Building the home/school connection now will ease your child and yourself to this new transition on the learning journey!

I look forward to working with both you and your child over the next year. Our nursery school is blessed to have grown thanks to the hard work of our staff and families. Please do not hesitate to call me with any questions!

In God's Peace,

Michele Adinolfi, Director



Office Use: Program _____

Reg. Check # _____

Note: _____

No Tel. _____ No Pics. _____

St. Therese Nursery School Registration 2020/2021

Sign up date: _____ Four year old _____ Three Year old _____ Allergy _____

Beginning Date: _____

Child's First Name _____ Last Name _____

Address: _____ City _____ Zip code _____

Parent Address if different from above: _____

Home Phone # _____ Cell phone # _____ Child 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 # _____

Occupation _____ Company Name _____

Father Email Address _____

Address of Employer _____ City _____ Zip code _____

Phone number at work (include area code) _____ Race _____

Religion _____ Parish _____

Primary language spoken at home _____

Has your child received services from Birth to 3 _____



Office Use: Program _____

Reg. Check # _____

Note: _____

No Tel. _____ No Pics. _____

Child's Medical Information

Physician: _____

Phone (Office) _____

Address _____ City _____ Zip _____

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

1. _____

2. _____

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 _____

The state of Connecticut mandates all children entering or attending preschool must have a physical examination/record form of not more than one year be kept on file of the attending preschool. Children will not be allowed to attend without this form.



Class Preference for 2020/2021

Directions:

1. Please check off in numerical order your class for your child for the next school year.
2. Please be aware that the classes are filled in the order that the registrations are received.

Three Year Old Program

1. A.M. Session Tuesday & Thursday 9:00 a.m. to 11:30 a.m. _____
2. A.M. Session Tuesday & Thursday 9:00 a.m. to 12:30 p.m.
(Students stay for lunch) _____
3. P.M. Session Tuesday & Thursday 12:30 p.m. to 3:00 p.m.
*If a.m. is full _____
4. All day 9:00 a.m. to 3:00 p.m. _____

Four Year Old Program

1. A.M. session Monday, Wednesday, Friday 9:00 a.m. to 12:00 p.m. _____
2. P.M. session Monday, Wednesday, Friday 12:00 p.m. to 3:00 p.m.
 - If a.m. is full _____
3. Pre-K Monday, Wednesday, Friday 9:00 a.m. to 3:00 p.m. _____

Five Day program: Monday through Friday/ Available for both three and four year olds

- a. 9:00 a.m. to 3:00 p.m. _____
- b. 9:00 a.m. to 12:00 p.m. _____

Early Drop Off: 8:00 a.m. drop off _____

***Days attending:** _____

***Note:** Days must be established in advance

***Three Year Plan:** If you are intending to send your child to our program for three years due to a fall birthday, please check here so that the director can elaborate on this plan.



555 Middletown Avenue
North Haven, CT 06473
(203) 234-9971

Dear Family,

The Office of Early Childhood Education has made a modification to their statutes with regards to children who under three upon the start of nursery school. Please sign and return to form below. If you have any questions, please feel free to contact me.

Sincerely,
Michele Adinolfi
Director

Parent/Director Authorization to Enroll Child Under 3 Into Preschool Program

I give my permission for _____, who is at least thirty two months
(child's name)
old but not yet three years old, to transition into the preschool classroom on
_____.
(date)

I understand that the policies and procedures that are applied to children that are three years old will be applied to this child, including but not limited to, the ratio of staff to children and group size.

(Parent signature)

(Date)

(Director Signature)

(Date)



Emergency Medical Permission

Name of Child: _____

I give permission to St. Therese Nursery School staff to make whatever emergency (e.g. first aid, disaster evacuation) measures as judged necessary for the care and protection of my child while under the supervision of the school.

I give permission to St. Therese Nursery School staff (Director, teachers, and teacher assistants) to have access to my child's health information.

If a serious illness or accident occurs during St. Therese Nursery School attendance, I give permission to the St. Therese Nursery School personnel to secure medical care from the most immediately available licensed medical personnel, at my personal expense.

In a medical emergency where more than first aid is to be applied, I understand that in this medical situation the staff will need to contact the local emergency resource before the parent, child's physician, and/or the emergency phone contacts given by the parent.

In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit (police car, fire rescue vehicle, ambulance) if deemed necessary. The child will be transported at my personal expense. The child will be taken to an emergency hospital in the company of a staff member.

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

- A copy of this emergency medical permission form will be placed in each student's file located in the director's office. This permission form and the child's medical records will be transported with the child to the emergency hospital with the child.



**St. Therese Nursery School
Permission for a responsible adult (other than parent) to remove a
child from the Program**

Name of Child _____

Name of alternate pick up person _____

Address _____

Phone number with area code: _____

Cell phone number with area code: _____

Relationship to child: _____

Copy of driver's license of alternate pick up person attached here:

Name of Child _____

Name of alternate pick up person _____

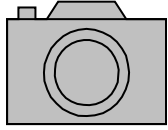
Address _____

Phone number with area code: _____

Cell phone number with area code: _____

Relationship to child: _____

Copy of driver's license of alternate pick up person attached here:



St. Therese Nursery School Permission for Picture Publication

Dear Parents,

Throughout the year the staff will take pictures of the children during everyday play and special occasions. We also publish pictures in the North Haven Advisor or Citizen and in the vestibule of our church. Children will only be identified by their first name and last initial. Only children with parental permission will be published. Thank you for your assistance.

Miss Michele

I give permission for my child's picture to be published in the newspaper, school publications, and posted in the church and school. Pictures will not be posted on any form of the Internet.

Child's Name _____

Parent Signature _____

Date: _____



REMIND Text Alert

Dear Family,

In order to distribute information quickly with regards to snow cancellations or other important reminders for our school, we now utilize a REMIND Text alert. Please sign below if you would like your cell phones (Mother and Father) to be included in this system. You will receive an initial text from REMIND asking for your permission to participate.

In addition, if you would like a grandparent or care provider to be added to this alert, please list their name and number below.

Sincerely,
Miss Michele

Please initial here: _____

I agree to have our cell phone numbers alerted for the REMIND text alert.

In addition, I would like the following people to be added to the REMIND text.

Name _____ Cell # _____

Name _____ Cell # _____

Name _____ Cell # _____



St. Therese Nursery School Telephone Book

Dear Parents,

Pre-school is the perfect opportunity to form new friendships! Finding a common interest with a peer at school will lend itself to future play dates. We would like to provide a school telephone book to assist you in setting up these play dates. The telephone book will include a class list, your address for birthday invites, your telephone number, and parent names. If you would like to give permission for this information that will be distributed in the fall, please sign below.

Miss Michele

Child's Name _____

I give permission for my child's information to be placed in the St. Therese Nursery School Telephone Book.

Parent Signature _____ Date _____

Please list below the address and phone number as you would like it to appear in our school phone book. Many families choose to use their cell phone instead of a home phone.

Address: _____

Phone Number: _____



Parent Handbook

I have read and understand the contents of the St. Therese Nursery School parent handbook. I agree to follow all of the protocols and procedures listed in the parent handbook.

Signed: _____

Date: _____

St. Therese Nursery School Parent Acknowledgement of Behavioral Management Plan

The Behavioral Policy of St. Therese Nursery School was discussed with me and I understand and accept the terms.

Parent Signature

Printed Signature

Date



St. Therese Nursery School Registration Checklist New Student

1. Registration form completed _____
2. Completed Emergency Medical Release _____
3. Completed Alternate pick up form _____
* Please fill out two alternate pick ups for your child. You will return a copy of the license by June 1st.
4. Payment of \$35.00 non-refundable registration fee _____
5. Telephone book release form _____
* If you are giving permission _____
6. Picture release form _____
* If you are giving permission _____
7. Class preference form _____
8. Parent handbook reviewed _____



Information that you will receive by April 1, 2020:

1. A school calendar for 2020/2021
2. Meet & Greet Date & Times

This is an opportunity for you and your child to meet your child's teacher, teacher assistant, classmates, and familiarize them with their new classroom.

3. Your child's placement of a.m. session, p.m. session, and pre-k.

Information that you must be mail to the school by June 1, 2020

1. One month tuition payment that holds your spot for the fall of 2020. This payment becomes the June 2021 tuition payment and is not refundable. You will then pay the months of September through May.
2. New medical records (for new students only). Current students receive medical renewal reminder notices a month before their medical form expires.
3. Pictures for alternate pick-up approved individuals

In the August Postcard you will receive:

1. Your child's teacher name and classroom location
2. The time of your Meet & Greet visit

At Meet & Greet you will receive:

1. A St. Therese Nursery School tote bag for new students. We ask that all students use the tote bag. The tote bag provides independence skills in placement of your child's work as well as spacing in the cubbies. We realize there are many backpacks that children enjoy and encourage you to use one for library visits! If you are a returning student and are in need of a new tote bag, please see Miss Michele at Meet & Greet.
2. Tuition envelopes for September through May
3. Welcome letter & Transition information



**St. Therese Nursery School
Family Registration
To Join
St. Elizabeth of the Trinity Parish
Comprised of all three North Haven Churches
St. Therese, St. Francis Cabrini, St. Barnabas**

If you would like to join the parish family of St. Elizabeth of the Trinity, please call the parish office at:

203-239-5378 to register. We welcome you to our faith community!