



NORTH SHORE SYNAGOGUE NURSERY SCHOOL
83 Muttontown Eastwoods Road
Syosset, NY 11791

Jacquie Sanchez, Director
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REGISTRATION FORM FOR SUMMER DAY 2025

Monday, June 30 through Friday, August 15 (7 WEEKS) (Camp Closed: July 4)

Date: _____ **Member or Non-Member** (Please circle one)

Child's Name: _____ **Nickname (if any):** _____

Male: _____ **Female:** _____ **Date of Birth:** _____

Home Address: _____

City: _____ **State:** New York **Zip:** _____

Home Telephone: _____ **School District:** _____ **Elementary School:** _____

Parent/Guardian 1:
Name: _____ **Date of Birth:** _____

E-Mail: _____ **Cell Telephone:** _____
Business Number: _____

Parent/Guardian 2:
Name: _____ **Date of Birth:** _____

E-Mail: _____ **Cell Telephone:** _____
Business Number: _____

In case of an emergency, please contact (local contact person, other than a parent/guardian):

Name _____ **Tel. No.** _____ **Relationship** _____

Doctor's Name _____ **Telephone** _____

List All Allergies: _____ **Daily Medications:** _____

Does your child have any known physical, medical, emotional, developmental or language concerns? _____

Does your child receive any services? _____ **If so, please specify:** _____

FOR OFFICE USE ONLY

Member or Non-Member

Tuition: \$ _____ **Sibling Discount:** \$ _____ = **Total Tuition \$**

Deposit Received: \$ _____ **Date received:** _____

Cash _____ **Check #** _____

Card Holder Name (as shown on card): _____

Credit Card # _____ **Exp. Date** _____ **Sec. Code:** _____

Billing Address: _____ **Zip Code:** _____

PROGRAM INFORMATION: _____

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Monday, June 30th through Friday, August 15

**** 7 WEEK PROGRAM ****

Age	Days	Hours	Cost
2 Year Old	3 Days	9:30am - 12:30pm	Member: \$2,300 Non-Member: \$2,400
2 Year Old	5 Days	9:30am - 12:30pm	Member: \$3,100 Non-Member: \$3,200
3/4 Year Olds	3 Days	9:30am – 1:30pm	Member: \$2,500 Non-Member: \$2,600
3/4 Year Olds	5 Days	9:30am – 1:30pm	Member: \$3,300 Non-Member: \$3,400

SIBLING DISCOUNT FOR THE SUMMER PROGRAM IS \$50.00 PER CHILD

**DEPOSIT OF \$500.00 IS REQUIRED WITH REGISTRATION FORM.
PAYMENT IS DUE IN FULL NO LATER THAN 6/1/2025.**

A MEDICAL FORM, WITH AN EXAM DATED WITHIN ONE YEAR, FROM YOUR CHILD'S DOCTOR, MUST BE RECEIVED BEFORE THE START OF THE SUMMER DAY PROGRAM.

Payment for camp, along with a non-refundable security fee of \$360.00 per family is due in full by June 1st, which will be billed on April 1st or upon registration. If the payment is not received by June 1st, your child will not be considered registered and therefore may lose their spot. No refunds, credits or cancellation of fees will be made for school closings or absences.

REFUND POLICY – If a registered child is withdrawn from Camp and a written request for the deposit is received before March 1, 2025, the deposit/tuition is refundable less a \$250 administration fee. **After March 1, 2025, the deposit and all subsequent payments for camp are non-refundable.**

The 2025 Camp program is subject to a minimum number of children registered. Should the program not run, due to a minimum enrollment not being met, a full refund will be given.

Class and teacher placement is at the sole discretion of the Director. A child's placement will be contingent upon a minimum number of children necessary for a class to operate; maximum class size is defined by New York State guidelines. The school reserves the right, in its sole discretion, to suspend or terminate a child's attendance.

North Shore Synagogue does not provide nor arrange for transportation to and from Nursery School. I assume full responsibility for my child en route to and from North Shore Synagogue. This means that my responsibility ends only when my child is checked in with a staff member of the Nursery School. My responsibility resumes when my child is released from Nursery School at the end of the session.

Membership: - If you are a member of North Shore Synagogue when you enroll your child in camp, and decide to resign your membership before the conclusion of camp, you will be responsible for paying the difference in tuition between the member and non-member rate.

Photo Policy: I am aware that pictures and/or video of my child may be taken at Nursery School and synagogue events and I give permission for these to be used for North Shore Synagogue publicity and yearbook purposes. If you do not want your child's photo used in any of these areas, please provide a written letter directly to the Nursery School.

I give permission for my name, address and telephone number to be included on my child's class list.

My signature below, establishes that I have read and accepted the above terms.

SIGNATURE: _____

DATE: _____

I give permission for this card to be charged for the deposit and subsequent payments. (Please note there is a 3% administrative fee for all credit card charges.)

Card Holder Name (as shown on card): _____

Card Number: _____

Expiration Date: _____

Security Code (back): _____

Security Code (front Amex): _____

Billing Address: _____

Zip Code: _____

Signature: _____

Date: _____

