

Village Nursery School: Registration Form 2025 Summer Program

Child's First Name _____ Child's Last Name _____

Child's Preferred/Nickname _____ Child's Date of Birth _____

Parent/Guardian Name(s) _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Primary Email _____ (used for Class Dojo & Payment Invoices)

Secondary Email _____ (used for Class Dojo)

Did your child attend Village Nursery School during the 2024-2025 school year? Yes No

This is a new program that Village Nursery School (VNS) is excited to present to the community. Your child qualifies for this program if they are 4 years of age, 5 years of age, and/or has attended our 3 or 4-year-old programs in the previous school year. All children must be potty trained.

This is a half-day program that meets Tuesdays, Wednesdays, and Thursdays (except for the week of July 4th, see below) from 9 am to 12 pm. Registration and attendance is on a weekly basis. VNS's Summer Program Registration begins in February and is open until all spots are filled. Tuition is \$90 per week.

With weekly themes, this program will provide play-based learning, sensory activities, crafts, storytime, and snack time. We will strive to be outdoors as often as possible and will use water tables and sprinklers to keep cool!

Please select your desired program(s):

Week #	Dates	Theme	Select Weeks You Are Registering For:
Week 1	M/T/W: June 30, July 1 & 2	Red, White, and Blue	<input type="checkbox"/>
Week 2	T/W/Th: July 8, 9, & 10	Gardening/Plants	<input type="checkbox"/>
Week 3	T/W/Th: July 15, 16, & 17	Sports/Olympics	<input type="checkbox"/>
Week 4	T/W/Th: July 22, 23, & 24	Oceans/Beaches	<input type="checkbox"/>
Week 5	T/W/Th: July 29, 30, & 31	Insects/Bugs	<input type="checkbox"/>
Week 6	T/W/Th: Aug. 5, 6, & 7	Space	<input type="checkbox"/>
Week 7	T/W/Th: Aug. 12, 13, & 14	Camping	<input type="checkbox"/>
Week 8	T/W/Th: Aug. 19, 20, & 21	Dinosaurs	<input type="checkbox"/>

\$90 x # of weeks= \$_____ due at registration.

Emergency Contacts/Persons Allowed to Pick Up Your Child

These are trusted individuals who can pick up your child from our program and/or be contacted in the event we are unable to get a hold of parents/guardians. All three are not required but having at least one contact is helpful. We will only allow the child to leave with these individuals unless a parent notifies us. We may ask for identification if we are unfamiliar with the person.

Contact #1

Full Name _____ Phone Number _____

Relationship to Child (include names the child calls this person, i.e. a grandmother may be called Nana)

Email for Class Dojo (optional) _____

Contact #2

Full Name _____ Phone Number _____

Relationship to Child (include names the child calls this person, i.e. a grandmother may be called Nana)

Email for Class Dojo (optional) _____

Contact #3

Full Name _____ Phone Number _____

Relationship to Child (include names the child calls this person, i.e. a grandmother may be called Nana)

Email for Class Dojo (optional) _____

Medical/Health/Academic Information:

Allergies (food and/or other) _____

Medical/Social/Emotional Notes _____

Medications _____

Does your child receive services? (speech, OT, PT, etc.) _____

Is there anything else you would like us to know about your child? _____

Please initial each line below:

Village Nursery School may obtain emergency treatment if my emergency contacts or I cannot be contacted.

Tuition is due regardless of absences, vacations, holidays, or emergency closings. _____

I accept responsibility for my child’s transportation. _____

I understand that I will be charged a non-refundable registration fee upon VNS’s receipt of the Summer Program Registration Form and Financial Agreement. This fee is transferable to the 2025-2026 School year. _____

I understand that I will be charged for each week that I have checked in the table above. _____

Village Nursery School: Policies 2025 Summer Program

Registration Form: The VNS Summer Program Registration Form contains important information about the children and their families. Parents must keep registration information up to date. Please inform us of changes to your contact information, to your authorized pick-up persons, to medical conditions or to anything that is important to know about your child and their care.

Locked Doors: Our VNS front door and church outside doors are always locked. You must be let in by our staff. If you need to come by during our hours of operation or to pick up your child early, please let us know in advance or send us a message on Class Dojo. You may ring the top doorbell at the VNS entrance when you arrive.

Clothing: Please send your child in weather-appropriate clothing, we will be outside in all kinds of weather. Shoes should be easy for the child to put on independently. We would like to use sprinklers and water tables, so clothing that dries quickly is helpful. We advise sending in an extra set of clothes in their backpacks each day.

Snack: VNS is a Nut Free environment, this includes all nut products such as Nutella, trail mix or peanut butter. Your child will need a snack and water bottle for snack times. We are unable to heat any food, so please be sure that it is ready to eat about halfway through class time. If your child has any allergies, please note it in the Medical section above.

Closings/Cancellations: If we do not reach our required 5 or more registrations each week, we may need to cancel that week. If a week needs to be canceled due to low enrollment, you will be notified 14 days prior and refunded for that canceled week.

Health: We all want to stay healthy, so please keep your child home if:

1. They have had a fever, diarrhea, or vomiting within the last 48 hours. Your child must be fever free for 48 hours without the assistance of medication before returning to the program. We reserve the right to take a child's temperature while at this program. A child with a temperature of 99°F or higher will be required to be picked up promptly.
2. They have conjunctivitis, then the child must be on medicine for 24 hours before returning to class.
3. They show active signs of illness including uncontrolled coughing and sneezing, difficulty breathing, and lethargy.

I have read and understand all the policies listed above.

Parent/Guardian Signature _____ Date _____

Village Nursery School: Financial Agreement

2025 Summer Program

Please read this entire document carefully. Print/write as clearly as possible to ensure we have the correct information.

Child's Full Name _____ Child's Date of Birth _____

Parent/Guardian Name(s) _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Primary Email _____ Secondary Email _____

Basic Services Offered- Village Nursery School (VNS) is offering a summer program for children ages 4-5 years. Children will receive a quality experience with play-based learning in a safe and respectful environment.

Registration and Tuition - VNS is part of a non-profit religious organization and the budget is projected solely based on tuition, fees, and donations from the community. The parents of enrolled children agree to pay the Summer Program Tuition by credit card as indicated below. Full Summer Program Tuition for each registered week is required at the time of registration. Tuition is \$90 per week registered.

Registration Fee - Families currently enrolled in the 2024-2025 VNS school year do not have a registration fee. For new families, a registration before May 1st, will have a fee of \$25.00. New family registrations after May 1st will have a fee of \$40.00. The registration fee is non-refundable and due upon registration. If you paid a registration fee for our Summer Program and registered for our 2025-2026 school year, we will apply the Summer Program fee to the School Year registration fee.

Payment- Children enrolled in the VNS Summer Program will be charged tuition established by VNS (\$90 per week) and the amount of weeks selected on the Registration Form, and billed upon our receipt.

Required Authorization for Credit Card Transaction Form- The Credit Card form must be completed to register your child for the VNS's Summer Program. Your credit card will be charged for all selected weeks at the time of registration.

Absences/Summer Program Closures- Payment is due in full, regardless of absences or closures.

Declined Credit Card - You will be contacted promptly if your credit card is declined. Tuition not paid in full means that the child will not be enrolled in the VNS Summer Program.

Late Pick Up Fee - After care is not provided. Parents/guardians agree to be prompt and agree to pay a late pick-up fee of \$10.00 for every 15 minutes a child is left beyond the pick-up time. For example, a child left for 30 minutes past the end of the class would result in a \$20.00 charge on your account. The late pick-up fee will be billed monthly.

Withdrawal - The enrollment of your child in the VNS Summer Program is a week-to-week commitment and VNS relies on registrations to build a budget and plan for each week. If withdrawal is necessary, a 2 week written notice is required to receive a refund. Written notice must be sent by email to vnscoh@gmail.com. Withdrawal with less than 2 weeks written notice will not receive a refund. No refunds will be given for services rendered.

Modification Conditions

1. VNS reserves the right to modify any of the conditions of this agreement. A 30-day prior written notice will be given to the parent or legal guardian with any modifications to this agreement.
2. If a parent or legal guardian needs financial assistance, please contact the VNS Director or the Cornwall Presbyterian Church Pastor as soon as possible to discuss the possibility of a payment plan.

Please sign and return indicating that you have read, understood, and agree to all terms, conditions, and financial obligations of this Financial Agreement between Village Nursery School and

_____ (print your name).

Parent/Guardian Signature _____ Date _____


VNS Director Signature _____ Date _____

VNS Treasurer Signature _____ Date _____

Village Nursery School: Financial Agreement 2025 Summer Program

Authorization for Recurring Credit Card Tuition Billing Instructions:

1. Print legibly in blue or black ink.
2. Complete all sections, sign and date the authorization.
3. Must include Credit Card CVV#.

Credit Card Billing Information			
First Name:	Middle (if any):	Last Name:	
Street Number and Name:			Apt. No.:
City or Town:		State:	Zip Code:
Credit Card Holder's Telephone Number:		Credit Card Holder's Email Address:	
Credit Card Number:		Credit Card Expiration Date: (mm/yyyy)	
Credit Card Type: (Check one)		Credit Card CVV #:	
<input type="checkbox"/> Visa		 <p style="color: red; font-size: small;">Visa, MasterCard American Express</p>	
<input type="checkbox"/> MasterCard			
<input type="checkbox"/> Discover/JCB			
<input type="checkbox"/> Amex			
Credit Card Holder's Signature:			Date: