

Little Flower Nursery School

310 East Boston Post Road, Mamaroneck, NY 10543

Telephone: (914) 777-1281 website: www.littleflownurseryschool.org

ADMISSIONS PROCEDURE: PLEASE READ CAREFULLY AND RESPOND TO ALL QUESTIONS

1. Please answer all questions on pages 1, 2, 3 and return the completed application to:
Attn: Admissions
Little Flower Nursery School
310 East Boston Post Road, Mamaroneck, NY 10543
2. **Please include or bring a proof of your child's birth date** (such as a copy of a birth certificate or passport), a photograph (optional) and the non-refundable, non-transferable **application fee of \$40.00**.
3. Upon receipt of this **application and the fee**, the school will acknowledge receipt and set-up an appointment to meet you and your child.
4. Medical records and other forms: If your child is accepted at *Little Flower Nursery School*, the school will provide you with a medical form which must be completed, signed and stamped by a physician and returned prior to your child's entry at school.

TERMS AND CONDITIONS

- This application is a request for admission. It becomes binding upon the undersigned when the applicant has been evaluated, formally admitted by *Little Flower Nursery School* by means of contract ,and the **non-transferable, non-refundable** deposit indicated on the contract has been paid. When the tuition deposit specified on the contract is received, a child is enrolled and his/her placement will be reserved for the entire school year. No deduction from the school year's fees will be made because of absence, illness, withdrawal or any other reasons **at any time** during the year.

Although the school is affiliated with Most Holy Trinity, and utilizes its facilities, *Little Flower Nursery School* is **not** a parish school. **It is an independent, not-for-profit school** chartered by the Board of Regents of the University of the State of New York and licensed by the Office of Children and Family Services, with a distinct educational mission. ***Little Flower Nursery School* does not discriminate on the basis of race, religion, national or ethnic origin or other legally protected class in the administration of its policies and programs.**

- By signing below, you acknowledge that this application is accurate and complete and that false statements are grounds for denying admission or, if your child is accepted, for dismissal.

Please print name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____

11. Full name, telephone number of emergency contact person in case we are unable to reach parents.

Full name: _____ Telephone: () _____

12. Languages spoken at home: _____ By whom? _____

13. Language which your child most frequently uses: _____

14. Please note any challenges, difficulties or disabilities (physical, speech, communication, emotional or other) which your child has had or is presently experiencing:

15. Has your child received testing for the above (#15)? Yes No Date: _____

16. Has your child been treated? Yes No Date: _____

17. May we request the results? Yes No Your initials: _____

18. If yes, please list name, telephone number and address: _____

19. Are there any special health problems, including allergies of which we should be aware? Yes No

If yes, please explain: _____

20. Can your child participate fully in our physical education classes and playground activities? Yes No

If no, please explain:

21. Please list names of other children in applicant's immediate family:

Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

22. We are interested in comments regarding your child. Please do not hesitate to share your thoughts here below or on an additional page.

23. **Important:** Unless we hear from you in writing, your address, home and/or cellular numbers will be placed on the class list which is distributed to parents .

24. Signature of parent or guardian: _____ Date: _____

For office use only;		
Date application was received:	\$40 Fee paid <input type="checkbox"/>	Initial

<p><i>Optional</i> Attach PHOTO OF CHILD</p>
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