



HURLEY NURSERY SCHOOL APPLICATION

Child's Full Name _____ School Year: _____

DOB _____ Gender _____

Address _____

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Email address _____

Sibling(s) previously attended:

Sibling's Name(s) _____ Year(s) Attended _____
_____ Year(s) Attended _____

How did you hear of the Hurley Nursery School? _____

Are you interested in a position on the Governing Board? Yes/No Name _____

PLEASE CHECK SESSION DESIRED:

____ **3-Year-Old Program** **\$1700/year**
3-day session (Child must be 3 years old by December 1st)
(Mondays, Wednesdays, and Fridays from 9:00am- 11:30am)

____ **4-Year-Old Program (Child must be 4 years old by December 1st)**

____ **SELF-PAY 5 DAYS** **\$2600/year**
(Mondays through Fridays 12:30pm- 3pm)

____ **UNIVERSAL PRE-K** **n/a**
(Mondays through Fridays 12:30pm- 3pm)
*No application fee is required for Universal Pre-K

____ *If my preferred class is not available, please put my child on a waiting list for the specified class*

Note: HNS supports New York State law prohibiting teachers from administering medications for any reason.

I hereby express my desire to have my child enrolled in the Hurley Nursery School by payment of a \$25 **non-refundable** application fee. Please return signed application and check made payable to Hurley Nursery School.

Signature of Parent or Guardian

Date

Hurley Nursery School P.O. Box 61 Hurley, N.Y. 12443