

Office Use Only  
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Check Number \_\_\_\_\_

## Montgomery Nursery School



21 Wallkill Avenue  
Montgomery, New York 12549  
457-7415  
[mnsregistration@yahoo.com](mailto:mnsregistration@yahoo.com)

### **2026-2027 REGISTRATION FORM**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child likes to be called \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Siblings Names/Ages \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

**Emergency Contact name & number \_\_\_\_\_**

(This is someone local, other than yourself, who is able to pick up your child).

**Available classes for 4 year-olds for the 2026-2027 school year are:**

(Must be four by 12/1/26)

***Please indicate your first and second choice.***

**Monday – Friday (\$525)**      **9:00 - 11:30 am**

**Monday - Friday (\$525)**      **12:30 – 3:00 pm**

## **2026-2027 REGISTRATION FORM**

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_

**ALLERGIES** [food, drugs, pets, etc.] \_\_\_\_\_

**HANDICAPS** [visual, hearing, etc.] \_\_\_\_\_

Does your child have any physical restrictions? \_\_\_\_\_

Does your child separate easily? \_\_\_\_\_

Does your child excite easily? \_\_\_\_\_

Does your child fatigue easily? \_\_\_\_\_

Is your child right handed \_\_\_\_\_ left handed \_\_\_\_\_ undetermined \_\_\_\_\_

**Are there any special circumstances that the teachers need to know, that would help to make the transition from home to school easier?** \_\_\_\_\_

**IF YOUR CHILD WILL BE LEAVING WITH SOMEONE OTHER THAN MOM OR DAD,** Please list the names of the person(s) your child may be released to:

  

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### **\*\*\*\*\* PERMISSION SLIP \*\*\*\*\***

(Child's Name) \_\_\_\_\_ has my permission to leave Montgomery Nursery School with the staff and any parents assigned as helpers during class time (for walks, trips to library, etc.) **NOTE:** Permission slips for other field trips will be sent out separately, prior to the trip.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Montgomery Nursery School



21 Wallkill Avenue  
Montgomery, New York 12549  
457-7415

## **2026-2027 CONTRACT**

Montgomery Nursery School is a **non-profit organization** that depends entirely upon your payment of tuition to meet its financial obligations.

**Fee:**

\$100 Registration fee (non-refundable)

**Tuition:**

4 yr old - 5 days per week HALF DAY \$525.00 per month

**Payment Schedule:**

Monthly tuition is due the 1st day of the month. Full tuition may be paid at a 5% discount at the beginning of the school year.

**\*If you are selected through the VC District UPK lottery then the district pays the tuition\***

**Monthly late fee:**

\$20.00 (late after the 10th of the month)

**In the event that payment has not been received by the end of the month, the child will not be allowed to return to school until the tuition has been paid in full.**

**Returned check fee:**

\$30.00 if a check is returned for insufficient funds, we will require a money order or cash as payment for the remainder of the year. We do not re-deposit checks.

**PLEASE NOTE: The first monthly payment is due by September 1, 2026.** Your last monthly payment will be paid in June 2026. If you need to discuss your tuition situation at any point in the year, please email at [mnsregistration@yahoo.com](mailto:mnsregistration@yahoo.com) or you can reach our Receiver of Tuition, Marie Moore at 457-7415.

**IMPORTANT**

1. **YOUR CHILD MUST BE COMPLETELY TOILET TRAINED TO ATTEND SCHOOL.**
2. The school reserves the right to request removal of a student if necessary for the welfare of the school and/or the students.
3. If for any reason you need to withdraw your child from the program, a written, 30 day notice is required.

I agree to the terms as stated above. I understand and agree that I am enrolling my child for the full school year [2026 – 2027], and that I am responsible for the annual tuition, regardless of attendance.

Parent/ Guardian \_\_\_\_\_

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

# Montgomery Nursery School



21 Wallkill Avenue  
Montgomery, New York 12549  
(845) 457-7415  
mnsregistration@yahoo.com

Dear Parents:

Thank you for your interest in Montgomery Nursery School! We are excited to have your child with us for the upcoming school year. To register your child, please complete and return the attached registration forms and contract along with the following: **THIS MUST BE MAILED BACK (Unless turned in at Open House.)**

- 1) **A copy of your child's birth certificate (not necessary for returning students who have one on file)**
  
- 2) **A \$100.00 non-refundable Registration Fee**  
(Please make checks payable to: Montgomery Nursery School)

Please return the registration package as quickly as possible since availability is limited. Classes are filled on a 'first come, first served' basis. The classes are filled by the order in which we receive the registration forms. If the class is closed out, your registration fee will be returned, and you will be placed on a waiting list. Please mail to:

**Montgomery Nursery School Attn: Registrar  
21 Wallkill Ave  
Montgomery, New York 12549**

Since many kids have their school physicals over the summer, **the most recent physical and immunizations are not required for the registration paperwork to be mailed back at this time; however the updated ones are required before the first day of school.** Children who do not have medical forms on file **will not** be able to start school in September.

If you have any questions about the registration process, classes, or the medical forms, please email [mnsregistration@yahoo.com](mailto:mnsregistration@yahoo.com) with your question and the best way to contact you, our Registrar will return your email and call as soon as possible.

We look forward to a great year!

Thank you,  
Montgomery Nursery School  
Board of Directors