



*Marcellus Parent Nursery School*  
P.O. Box 52  
Marcellus, NY 13108  
*mpnschool@gmail.com*  
315-673-4395

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## **APPLICATION**

Please check items below when completed to make sure you have included all requirements:

- Application (pages 1 &2)
- Child Information Survey
- Permission Form
- Consent for Medical/Surgical Emergency Treatment
- Immunization Record \***
- \$30 Deposit
- Receipt \*\*

You may drop off completed application packet at Marcellus Parent Nursery School (MPNS) or mail to P.O. Box 52, Marcellus, NY 13108

\*Please submit a copy of your child's immunization record from your pediatrician's office:

**MPNS follows New York State Public Health Law 2164 which requires that all students entering must be fully immunized according to the NYS Immunization schedule.**

\*\*If you need a receipt for the enrollment deposit, please indicate by checking receipt and one will be mailed to you.

**Children must be potty-trained when school begins. If your child is not trained by the start of school, please contact MPNS.**

**Return to MPNS by \_\_\_\_\_  
to secure your enrollment slot.**

# Marcellus Parent Nursery School

## Welcome!

Dear Parents,

Our teachers and the Board of Directors are very excited about including your child in our upcoming school year. Enclosed you will find the necessary information and forms needed to enroll your child.

You will be joining a group of dedicated and enthusiastic parents of small children, who are the core of our not-for-profit, parent-cooperative organization. We would like to take this opportunity to let you know that we rely heavily on this parental involvement to function properly. So that there are no "surprises" as a parent of an incoming student, we feel it is important that you are aware of your responsibilities to MPNS. Please read the following information carefully:

**Monthly Tuition Payments:** are as follows:

Tues/Thurs AM: \$90.00/month  
Tues/Thurs PM: \$90/month  
Mon/Wed/Fri AM : \$125.00/month

Tuition must be received on the first of each month. Please make arrangements ahead of time if your payment will be late. Membership may automatically be terminated if two months tuition is outstanding.

**Fees:** There is a non-refundable registration fee of \$30 due with your enrollment package. Enrollment will not be complete until this fee is paid. At the parent meeting in September, we will collect tuition for September/June, an insurance fee of \$35 and a field trip fee of \$30. Fees are subject to change upon determination of the year's budget.

**Committee Membership:** *Participation in at least one committee is required.* MPNS has a variety of committees to support school activities and maintenance. We will ask you to sign up for committees at the fall parent meeting.

**Fundraising Activities:** *Participation in all fund-raising events is encouraged.* In order to maintain an effective program and still keep tuition at an affordable cost, the school must supplement income with fundraising events.

**Snack:** Each family takes turns during the year providing snack and other items for the class. A list of what is needed and the schedule will be provided at the parent meeting.

Completed packets can be returned directly to the school or mailed to P.O. Box 52, Marcellus NY 13108. Class will begin in September. You will be contacted during the summer with information about the dates for parent meetings and the start of school. Please contact the school at 673-4395 if you have any questions. Thank you for the gift of your child and we look forward to the new school year together!

# Marcellus Parent Nursery School

Please Circle Session:

**3yr old** - TU/TH      9:00-11:30  
**4yr old** - TU/TH      12:00-2:30  
**4yr old AM** - M/W/F    9:00-12:00

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Age: (as of date of application) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Sex: Male or Female

Home Address: \_\_\_\_\_ Phone: Home \_\_\_\_\_

\_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's Business Address: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Father's Business Address: \_\_\_\_\_

Please list two contacts in case we are unable to reach you in an emergency:

1) \_\_\_\_\_  
name                      relationship                      address                      phone number

2) \_\_\_\_\_  
name                      relationship                      address                      phone number

# Marcellus Parent Nursery School

## Child Information Survey

Your answers to this survey will help the teachers better understand your child.

Please describe what your child likes to do (ex.: read, play alone, play with others, active or quiet play, take trips, etc...)

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Please briefly describe any nursery school, day care experience:

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Please list any siblings and their ages: \_\_\_\_\_

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Any significant recent change in home environment (moving, parent absent, etc...)

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What would you like the nursery school experience to do for your child?

What do you feel your child needs?

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How would you describe your child's adaptation to new situations?

\_\_\_\_\_quiet, shy      \_\_\_\_\_outgoing, easily adapts      \_\_\_\_\_warms up slowly

\_\_\_\_\_opens to new people and situations

Any fears or psychological problems teachers need to know about?

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Any health concerns? List allergies and reactions, or other problems of which the teachers need to be aware:

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Is your child **fully** potty-trained? \_\_\_\_\_ If not, please explain: \_\_\_\_\_

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Additional Comments:

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# *Marcellus Parent Nursery School*

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# *Marcellus Parent Nursery School*

## **Consent for Medical/Surgical Emergency Treatment and Child's Medical Information**

In presenting my son/daughter for diagnosis and treatment:

I \_\_\_\_\_ for \_\_\_\_\_  
**Name and Relationship**
**Name of child**

of \_\_\_\_\_ years of age; hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, and blood transfusions, by authorized members of the hospital staff of their designees, as may in their professional judgment be necessary.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on child's condition.

I have read this form and certify that I understand its contents.

We/I hereby give our/my consent to                     **Marcellus Parent Nursery School**                      
 Who will be caring for our/my child \_\_\_\_\_

**Name of Child**

For the period                     **September – June during school hours**                     to arrange for routine or emergency medical/dental care and treatment necessary to preserve the health of our/my child.

We/I acknowledge that we are/I am responsible for all reasonable charges in connection with the care and treatment rendered during this period.

Name:	Family Physician:
Address:	Pediatrician:
	Surgeon:
Telephone:	Orthopedist:
Name of Health Insurance Carrier:	Child's allergies/reactions:
Member/Group#:	Date of last Tetanus:
Policy#:	Medications child is taking:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Relationship**

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

In case of emergency, I can be reached at: \_\_\_\_\_

# Marcellus Parent Nursery School

## Permission Form

I, \_\_\_\_\_ (parent/guardian) hereby authorize Marcellus Parent Nursery School to include my child, \_\_\_\_\_ in the following:

I do give permission  I do **not** give permission

to participate in school sponsored field trips.

I understand I will be notified with information regarding upcoming trips. If I do not want my child to participate in a specific trip, I will notify the teachers.

I do give permission  I do **not** give permission

to use my child's photograph in any possible newsletters, press releases or advertisement flyers used during the school year. I understand that personal information (full name, home address and phone number) will **never** be used in any published materials.

I do give permission  I do **not** give permission

to use my child's photograph on the MPNS website during the year. I understand that personal information (full name, home address and phone number) will **never** be used on the website.

## Dismissal Authorization

My child may be dismissed to the following persons:

Name (first and last)

Relationship to child

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**Signature**

**Date**

**Please print name clearly**