



The Village Nursery School

19 Potter Hill Road
 Gilford, New Hampshire

03249

524-7444

The Village Nursery School will be accepting registrations for the 2021-2022 school year. The school is open to all children from local communities. Class sizes are limited and are filled on a *first come, first serve basis*. You must return your registration form and fee **as soon as possible** to secure your child's spot. **Please note that all students *must* be successfully toilet trained.**

Students registering for the **3-4 year-old class** *must* be three-years-old by September 30th. A non-refundable registration fee of \$50.00 must accompany the registration form as well as a non-refundable tuition fee of \$240.00 that will be applied to the last month's tuition. Class is held on Tuesday and Thursday from 9:00 am to 12:00 pm. Beginning in the month of May, the children will be staying until 1:00 pm. All children will need to bring a lunch with them. This extended schedule is intended to help the students transition to our Monday, Wednesday and Friday program which runs from 9:00 am to 1:30 pm.

Students registering for the **4-5 year-old class** *must* be four-years-old by September 30th. A non-refundable registration fee of \$75.00 must accompany the registration form as well as a non-refundable tuition fee of \$320.00 that will be applied to the last month's tuition. The registration fee is used to cover the cost of field trips and includes a school t-shirt which will be worn on trips. Class is held on Monday, Wednesday and Friday from 9:00 am to 1:30 pm. The children will need to bring a lunch to school. This schedule is to help them transition to a full day kindergarten program.

TO ENROLL

A registration form must be completed and submitted with the following:

- a) REGISTRATION FEE (non-refundable) and,
- b) ONE MONTH'S TUITION (non-refundable / applied to the last month's tuition).

Tuition at **The Village Nursery School** is payable on a monthly or annual basis as follows:

<u>Tuesday-Thursday Class</u>	
1 Month	\$ 240.00
1 Year	\$2,160.00
Total Due at Registration	\$ 290.00

<u>Monday-Wednesday-Friday Class</u>	
1 Month	\$ 320.00
1 Year	\$2,880.00
Total Due at Registration	\$ 395.00

Space is limited... please register your child as soon as possible!

If you are in need of scholarship assistance for the upcoming year or you have any questions, please call our Director, Nancy Simoneau at 524-7444 or e-mail her at gilfordvns@gmail.com.

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

NAME OF CHILD CARE PROGRAM _____

LICENSE NUMBER _____

TO THE PARENT OR GUARDIAN: This form must be completed for each of your children who will be enrolled in the program, and must be updated whenever information changes.

DATE OF CHILD'S ENROLLMENT _____

Child's name:	Date of birth:
Address:	Phone number:

IDENTIFYING INFORMATION OF PARENT/S OR GUARDIAN/S LEGALLY RESPONSIBLE FOR CHILD:

Name:	Name:
Address:	Address:
Home phone number:	Home phone number:
Indicate where parent/guardian above can be reached while child is in care. Include name, address and phone number of business if applicable. Include any special instructions, e.g. pager, cell phone, etc.	
Business Name:	Business Name:
Address:	Address:
Phone number: Hours:	Phone number: Hours:
Email:	Email:
Special Instructions for reaching parent/guardian:	

EMERGENCY CONTACT PERSON: You (parent/guardian) are required to list at least 1 person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program. Examples: if your child were sick and you were not accessible, or if you experienced sudden illness between work and picking up your child.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

NON-EMERGENCY ALTERNATE PICK-UP PERSON/S: I, _____

(Parent/Guardian Signature)

authorize the following individual(s) to pick up my child from the program on a non-emergency basis.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

NOTE TO PARENT/S or GUARDIAN/S: The licensing authority for this program is the bureau of licensing and certification, child care licensing unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at <https://nhlicenses.nh.gov/verification/Search.aspx?facility='Y> or by calling the unit at 603-271-9025 or 1-800-852- 3345, extension 9025.

During visits to programs licensing staff speak with children regarding the care they receive at the program if in the judgment of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator.

If licensing staff believes your child may have specific information regarding an alleged event at the child care program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

- I give permission for child care licensing staff to interview my child at the child care program separate from their class or group.
- I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from their class or group.
- I do not give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

For more information about Child Care Licensing please visit our website at:
<http://www.dhhs.state.nh.us/oos/cclu/index.htm>

MEDICAL INFORMATION

Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:

Child's Usual Physician:

Phone number:

Physician's Address:

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of _____ to provide simple first aid treatment to my child, _____ when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child.

Parent/Guardian Signature

Date

ANNUAL UPDATE: Make necessary changes & initial & date below to verify that the information is current.

Parent/Guardian Initials:	Date:	Parent/Guardian Initials:	Date:
Parent/Guardian Initials:	Date:	Parent/Guardian Initials:	Date: