



Mail to: PO Box 91 Goshen, NY 10924 | Location: 33 Park Place Goshen NY

10924 | (845) 294-8250 | www.gapns.com

Child's First Name: \_\_\_\_\_ Last: \_\_\_\_\_ MI: \_\_\_\_\_ Date: \_\_\_\_\_

Name used for child, if different from above: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Program/Session Selection: \_\_\_\_\_ Toddler T/Th \_\_\_\_\_ Toddler W/F \_\_\_\_\_ 2-Day AM  
 \_\_\_\_\_ 3-Day PM \_\_\_\_\_ 3-Day AM \_\_\_\_\_ 5-Day

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

**Parent/Guardian Information:**

1. Primary Contact Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone \_\_\_\_\_

2. Contact Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**Pediatrician Information:**

Name(s): \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**Local Emergency Contacts and Persons Permitted to Pick-up Child:**

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about GAPNS? \_\_\_\_\_

**Additional Information about your child:**

Toilet Trained: \_\_\_\_\_ Special Needs or Limitations: \_\_\_\_\_

Allergies or Food Sensitivities \_\_\_\_\_

Medications: \_\_\_\_\_

Previous Nursery School or Day Care Experience \_\_\_\_\_

Other information that might be helpful \_\_\_\_\_

**REGISTRAR USE**

REG	SEC	P/S	CON	COMM	BC	PHYS
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## **GAPNS Parent Involvement through Committee Participation**

As you may already be aware, one of the things that sets GAPNS apart from other preschools is the aspect of parent involvement. As a co-operative run preschool, parents and teachers come together to run the school efficiently and soundly. This structure creates a community for our children and parents and allows tuition to be lower than other local preschools. The levels of involvement may include volunteering to take an Executive Board position, attending/supporting fundraisers and functions hosted by GAPNS, volunteering to be class parent, and by contributing to the operation of the school via participation on committees.

Each **family** (not per person) is required to participate on a committee over the course of the school year. To hold families accountable and ensure everyone is participating, one of the payments due in September is a \$300 non dated check. This check will be held in your child's file for the duration of the school year. If you fulfill your committee duties, your check will be returned to you at the end of the year, if you don't fulfill the duties then your check is cashed.

While we hope every family will participate on a committee, we understand if this is absolutely not possible for your family. If you feel that this will not be feasible for your family and do not wish to participate on a committee, we do offer the option of paying a \$300 opt out fee which we ask to be included with your September tuition.

Together we can make this a fabulous school year for our children and keep GAPNS a thriving, successful preschool in our community!

Below please find our committee descriptions:

### **COMMITTEE DESCRIPTIONS AND SELECTIONS**

*Our school is a happy and thriving place because of the energy our families put into it! The only ones who are paid for their hard work are our teachers. The rest is up to us. Below you will find a list of our various committees and board positions. There is a place for everyone here, no matter their schedule or skill set.*

**BUILDING & GROUNDS:** The chairperson and their crew maintain indoor and outdoor equipment as needed. Access to tools and a truck are necessary for such tasks as repairing classroom fixtures and mulching the playground.

**FUNDRAISING AND SPECIAL EVENTS:** This committee plans the parties and puts the FUN in fundraising! Two strong chairpersons are needed to lead the team in hosting our events and to put together a plan for the year with the executive board.

**PHOTOGRAPHY & ARCHIVES:** A good camera and computer skills are a must for this committee. Members take photos of school parties and special events for our yearbook and PR purposes.

**HOUSEKEEPING:** Cleaning happens bi-monthly and members work in teams of 4-6 people on a rotating basis to clean the classrooms. Each member of the committee is also responsible for attending 1 of the 3 BIG CLEANS during the school year.

**NEWSLETTER:** The monthly newsletter is published online. Basic graphic design skills and computer literacy are helpful when compiling information from the teachers and committee chairs.

**PUBLIC RELATIONS:** Our PR team makes sure that GAPNS remains visible in the community by publicizing our events through the local newspapers, social media, Chamber of Commerce, etc. A great marketing strategy is key in having well-attended Open Houses and successful Registrations.

PURCHASER: The Purchaser shops for paper products, cleaning supplies and basics for the school such as paper cups, plates, wipes, and toilet paper.

SCHOLASTIC SALES & BOOK FAIR: GAPNS offers its members the opportunity to order books and materials from Scholastic monthly. Members of this committee distribute the fliers and process and coordinate the orders. Our Book Fair happens over three days and during the February Open House.

CLASS PARENT: Class Parents are the ones who we count on to spread the word. One representative from each class acts as a liaison between their class and the Executive Board. Expectations include sharing information with their class, arranging playdates outside of school, volunteering as a substitute teacher, and maintaining the community spirit. Class parents are also responsible for coordinating holiday and end-of-year gifts for our teachers.

GRANT WRITER: Do you enjoy writing? Grants help to fund GAPNS' scholarships and programming. The grant writer must be careful not to miss deadlines for eligible grants and researches new potential sources of funding.

ARTS COMMITTEE: This committee will be tasked with the duties of adding on to the entryway mural and beautifying other areas of the school through the members' artistic talents.

### **EXECUTIVE BOARD DESCRIPTIONS**

PRESIDENT: The president exercises general executive authority on behalf of the group within limits of the constitution; acts as the official school representative to all organizations except as delegated; transmits all official communications between teachers and members.

VICE PRESIDENT: The Vice President oversees all committees; assumes all the responsibilities of the President in his/her absence; assists other officers as requested.

SECRETARY: The Secretary takes attendance at meetings; keeps minutes of the general membership meetings; maintains the master roster; conducts correspondence; maintains correspondence and other records; maintains the member handbook; collects mail from the post office; coordinates the Nominating Committee.

TREASURER: The Treasurer is responsible for the budgeting; payroll; disbursement of funds; maintaining proper books of accounts and the financial reports.

ASSISTANT TREASURER: The Assistant Treasurer, under the supervision and review of the Treasurer, collects and records tuition payments; records and deposits funds from revenue-generating events in a bank designated by the Executive Board, and any other duties the Treasurer deems necessary.

REGISTRARS: The two Registrars receive the registration forms and fees and maintain the enrollment records of all programs; produces the class roster; keeps updated medical records of those children; maintains a waiting list for the programs; responds to inquiries about our school and its programs; hosts the Open Houses.

**Committee/Board Selection Form**

Please tell us a little about yourself and your family so that we can place you on a committee or in a board position that will suit you. All of the committee and board descriptions are on the previous page. GAPNS has a place for everyone! Committees are flexible; each family is expected to pitch in when it is best for them.

**Child's Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Do you prefer to serve on a committee: During School Hours** \_\_\_ **Evenings** \_\_\_ **Weekends** \_\_\_

**Do you have any hobbies or special interests that you may be able to share with the school?**

\_\_\_\_\_  
\_\_\_\_\_

**Are you a returning (veteran) family?** **YES** **NO**

**If yes, what committees have you previously served on?** \_\_\_\_\_

**Would you consider serving as a Committee Chairperson?** **YES** **NO**

**Would you be interested in serving on the Executive Board?** **YES** **NO**

**Please list your top three Committee / Board position choices:**

**1<sup>st</sup> Choice:** \_\_\_\_\_

**2<sup>nd</sup> Choice:** \_\_\_\_\_

**3<sup>rd</sup> Choice:** \_\_\_\_\_

**Additional Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

### ENROLLMENT CONTRACT

It is my/our desire to have my/our child \_\_\_\_\_ enrolled in the \_\_\_\_\_ program at Goshen Area Parent Nursery School (GAPNS).

Parent/Guardian: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please initial next to each item to acknowledge that you understand and accept each of the listed policies\*\***

**Participation:** \_\_\_\_\_

As a member of GAPNS, I understand that the success of a cooperative nursery school depends on family participation. I agree to participate in the following ways:

- 1) I/We will make every effort to volunteer in my/our child’s classroom and during GAPNS special events.
- 2) I/We must participate on my committee or I will be charged \$300
- 3) I/We will maintain communication with our teachers and the other families of the cooperative by providing up-to-date contact information. I/We will respond, when contacted, in a timely manner.
- 4) I/We will make every effort to attend the three (3) general membership meetings.
- 5) I/We will respect the privacy of students, members, and the teaching staff by refraining from gossip and assumptions and by upholding strict confidences about the specific behavior of the children during volunteer times in the classrooms.
- 6) I/We will not share photos from individual class pages outside of GAPNS, to respect privacy and safety of the other children.
- 7) I/We will provide healthy snacks for our child or for their class when assigned.
- 8) I/We acknowledge that our family is ready to make lifelong friends and share in the community spirit.

**Terms and Conditions:** \_\_\_\_\_

I understand filing an application does not guarantee that my child will be enrolled in the program or session of my choice. I further understand that confirmation of my child’s enrollment status will be communicated to me by a GAPNS Registrar. The following terms and conditions apply to this registration application:

- 1) A copy of your child’s birth certificate must be presented to the Registrar prior to the first day of school.
- 2) A signed record of immunization from your pediatrician must be presented to the Registrar prior to the first day of school.
- 3) A non-refundable registration fee is required for each applicant.
- 4) A non-refundable security deposit equal to one month’s tuition must accompany this application.

**Finance Policy:** \_\_\_\_\_

Each application requires a non-refundable Registration Fee and Security Deposit equal to one month’s tuition. The Security Deposit is applied to the last month’s tuition fee (June).

- 1) The non-refundable Program and Supply Fee is due on or before the first month’s tuition payment.
- 2) A \$300 non-dated check for committee participation is due on or before first month’s tuition payment
- 3) Tuition is due on the first of each month. Payments received after the 5<sup>th</sup> will be charged a late fee of \$30, payments received after the 10<sup>th</sup> will be charged a late fee of \$40 and after the 15<sup>th</sup> will be charged a late fee of \$50. Returned checks will be charged a fee of \$25.
- 4) If you do not pay tuition by the end of the month you will be responsible for the \$50 late fee and be at risk of losing your spot on the roster.

**Consent for Emergency Medical Treatment**

I authorize Goshen Area Parent Nursery School’s teachers or their designee to transport my child to the hospital for emergency evaluation. I also authorize emergency tests or treatment if medically indicated to preserve life or prevent disability.

Parent/Guardian: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release**

I understand that GAPNS teachers and members will take photographs of children during school and at school-sanctioned activities. I authorize GAPNS to publish photographs of my child for advertising and for the school’s archives.

Parent/Guardian: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_



## 2023 – 2024 ACADEMIC YEAR

### Tuition Policy

Tuition is due on the 1<sup>st</sup> of each month. If your payment is received late the charges are as follows:

- After the 5<sup>th</sup> of each month: \$30 late fee
- After the 10<sup>th</sup> of each month: \$40 late fee
- After the 15<sup>th</sup> of each month: \$50 late fee. If you do not pay by the end of the month you will be responsible for the \$50 late fee and be at risk of losing your spot on the roster.

**Attending preschool is an important part of childhood development. We understand that some families may need assistance with tuition cost. If you or someone you know would benefit from a GAPNS scholarship, please reach out to [gapns.president@gmail.com](mailto:gapns.president@gmail.com) to obtain paperwork and further information on needed documentation.**

### Committee Policy

As stated in the GAPNS registration packet: Each **family** (not per person) is *required* to participate on a committee over the course of the school year. To hold families accountable and ensure everyone is participating, one of the payments due in September is a \$300 non dated check. This check will be held in your child’s file. If you fulfill your committee duties, your check will be returned to you upon completion. If you do not, we will cash your check.

**After you have read the above policies, please complete the following:**

Student Name \_\_\_\_\_ Class \_\_\_\_\_

Parent Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you have any questions, please feel free to reach out to the Executive Board. We thank you in advance for your cooperation and are looking forward to a wonderful school year together!**

**\*\*This page is completed by a GAPNS Registrar\*\***

Date \_\_\_\_\_ Name: \_\_\_\_\_

is registered for (circle one)    Toddler    2 Day AM    3 Day AM    3 Day PM    5 Day

**Paid Today:**

\$\_\_\_\_\_ \$50 Registration Fee -Mandatory due at time of registration (Non-refundable) (*EARLY BIRD SPECIAL*: register before August 1<sup>st</sup>, 2023 and pay only \$40!)

\$\_\_\_\_\_ Security Deposit - Mandatory due at time of registration (One month tuition - this turns into your June tuition payment)

\$\_\_\_\_\_ First Month of Tuition

\$\_\_\_\_\_ \$300 non-dated check for Committee Participation

(this check will not be cashed as long as you participate on your committee throughout the year)

\$\_\_\_\_\_ Program and Supply Fee (Non-refundable) (Toddler: \$60, 2 Day AM, 3 Day AM, and 3 Day PM: \$150, 5 Day: \$160)

**Total paid :**

**Payment Form:** Check # \_\_\_\_\_

Cash \_\_\_\_\_

<u>Class</u>	<u>Ages</u>	<u>Days</u>	<u>Tuition</u>
Toddler	24 months-36 months (Must be 24 months by September 2023)	Tu/Th 12:30-2:00	\$1,500 or \$150 monthly
Toddler	24 months-36 months (Must be 24 months by September 2023)	W/F 12:30-2:00	\$1,500 or \$150 monthly
2-Day	3yrs by March 1 <sup>st</sup> 2024	Tu/Th 9:15-11:45	\$1,600 or \$160 monthly
3-Day PM	3yrs by March 1 <sup>st</sup> 2024	M/W/F 12:00-2:00	\$1,700 or \$170 monthly
3-Day AM	4yrs by March 1 <sup>st</sup> 2024	M/W/F 9:00-11:30	\$1950 or \$195 monthly
5-Day	4yrs by Dec 1 <sup>st</sup> 2023	M-Fri 9:00-12:00	\$3,200 or \$320 monthly

**Items without a check mark next to them are needed on/before the first day of school:**

\$\_\_\_\_\_ September Tuition

\$\_\_\_\_\_ Program and Supply Fee

\$\_\_\_\_\_ \$300 Non Dated Check for Committee Participation

\_\_\_\_\_ A Copy of Your Child's Birth Certificate

\_\_\_\_\_ A Current Health and Immunization Record