



Mail to: PO Box 91 Goshen, NY 10924 | Location: 33 Park Place Goshen NY 10924 | (845) 294-8250 | www.gapns.com
Date: _____

Child's First Name: _____ Last: _____ MI: _____

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

Program/Session Selection: _____ **Toddler T/Th** _____ **Toddler M/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

GAPNS Parent Involvement through ‘Event’ 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 in “events.”

Some examples of the "events" include the following:

- Weeding the playground
- Delivering fundraiser materials
- Setting up for the annual Book Fair
- Sprucing the classrooms

Events will be posted through a Sign Up Genius via email and on the GAPNS private Facebook group (Goshen Area Parent Nursery School Community) – so please check them frequently! Please note that you will not receive credit for an event if you do not sign up through the Sign Up Genius, as this is how we maintain documentation for our records.

Each **family** (not per person) is required to participate in **FIVE** events 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 the 5 events, your check will be returned to you at the end of the year, if you don’t fulfill the 5 events then your check is cashed.

While we hope every family will participate in events, 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 in the 5 required events, 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!

Executive Board Positions & Chairs:

Are you interested in volunteering on the GAPNS Executive Board, being a chair or class parent for the 2024-2025 school year? Please check off any of the positions you would be interested in learning more about and a current Executive Board member will reach out to you!

Board Positions:

- President
- Vice President
- Secretary
- Treasurer
- Assistant Treasurer
- Registrar
- Fundraising Chair

Chairs:

- Scholastic Book Chair
- Yearbook Chair
- Public Relations Chair
- Newsletter Chair
- Class Parent

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 in at least FIVE events 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. This includes a GAPNS t-shirt.
- 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 event 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 5th will be charged a late fee of \$30, payments received after the 10th will be charged a late fee of \$40 and after the 15th 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: _____

GAPNS POLICY INFORMATION 2024-2025



2024 – 2025 ACADEMIC YEAR

Tuition Policy

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

- After the 5th of each month: \$30 late fee
- After the 10th of each month: \$40 late fee
- After the 15th 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 to obtain paperwork and further information on needed documentation.

Event Policy

As stated in the GAPNS registration packet: Each **family** (not per person) is *required* to participate in **FIVE** events 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. Each event is worth \$60. $\$60 \times 5 \text{ events} = \300 . If you fulfill the 5 events, your check will be returned to you upon completion. If you do not, we will cash your check and depending on the number of events you completed, reimburse you for those events. For example: if you completed 4/5 events, we will cash your check and you will receive a check back for \$240 ($4 \text{ completed events} \times \$60 = \$240$).

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 TU/TH / M/W/F 2 Day AM 3 Day AM 3 Day PM 5 Day

Paid Today:

\$ _____ \$60 Registration Fee - Mandatory due at time of registration (Non-refundable) \$40.00 for each additional child. GAPNS T-shirt included.

\$ _____ Security Deposit - Mandatory due at time of registration (refundable until October 1st, 2024) (One month tuition - this turns into your June tuition payment)

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 2024)	Tu/Th 12:30-2:00	\$1,700 or \$170 monthly
Toddler	24 months-36 months (Must be 24 months by September 2024)	M/W/F 12:30-2:00	\$1,800 or \$180 monthly
2-Day	3yrs by March 1 st 2025	Tu/Th 9:15-11:45	\$1,800 or \$180 monthly
3-Day PM	3yrs by March 1 st 2025	M/W/F 12:30-2:30	\$1,900 or \$190 monthly
3-Day AM	4yrs by March 1 st 2025	M/W/F 9:00-12:00	\$2,500 or \$250 monthly
5-Day	4yrs by Dec 1 st 2024	M-Fri 9:15-12:15	\$3,500 or \$350 monthly

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

\$ _____ September Tuition

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

\$ _____ \$300 Non Dated Check for Event Participation

_____ A Copy of Your Child’s Birth Certificate

_____ A Current Health and Immunization Record