



HURLEY NURSERY SCHOOL APPLICATION

Child's Full Name _____ School Year _____

DOB _____ Gender _____

Address _____

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Email address(es) _____

Sibling(s) previously attended:

Sibling's Name(s) _____ Year(s) Attended _____

_____ Year(s) Attended _____

How did you hear of the Hurley Nursery School? _____

Are you interested in a position on the Governing Board? Yes/No Name _____

PLEASE CHECK SESSION DESIRED:

____ **3-Year-Old Program** **\$1900/year**
3-day session (Child must be 3 years old by December 1st)
(Mondays, Wednesdays, and Fridays from 9:00 AM - 11:30 AM)

____ **4-Year-Old Program (Child must be 4 years old by December 1st)**

____ **SELF-PAY 5 DAYS** **\$2900/year**
(Mondays through Fridays 12:30 PM – 3:00 PM)

____ **UNIVERSAL PRE-K** **n/a**
(Mondays through Fridays 12:30 PM – 3:00 PM)
*No application fee is required for Universal Pre-K

____ *If my preferred class is not available, please put my child on a waiting list for the specified class*

Note: HNS supports New York State law prohibiting teachers from administering medications for any reason.

I hereby express my desire to have my child enrolled in the Hurley Nursery School by payment of a \$30 **non-refundable** application fee. Please return signed application and check made payable to Hurley Nursery School. You may also submit the application fee with Venmo @Hurley-Treasurer.

Signature of Parent or Guardian

Date