



MISS CINDY'S NEIGHBORHOOD NURSERY SCHOOL

1860 Route 300
Newburgh, New York 12550
(845) 564-8426

Dear Parent(s):

Thank you for your interest in my nursery school program.

My name is Cindy Gironda-Post and I have been the owner, operator and a teacher here since we opened in 1986. I am certified by New York State and have an Associates Degree in Early Childhood, a Bachelor's Degree in Elementary Education and a Masters Degree in Education. We offer four classes daily for children ranging from 3 years (and toilet trained) to 5 years old. Each class is staffed with a teacher and an aide.

The classes are scheduled as follows:

- Nursery School & 3 years 9:00 am until 11:30am
- Pre-K and 4 years 8:15 am until 11:10 am

Each student receives a report card, a written evaluation and a folder with the entire year's work sheets in June. In addition, four-year-old students also receive a progress report in January.

In September, we provide orientation to ease your child into school and to provide an additional opportunity for parents to review the curriculum and ask questions. Daily curriculum varies depending on age and class. Typically, the day begins with free play, calendar, circle, snack, art, and special lesson events. These include celebrations such as: birthdays, holiday parties, visits from Santa, the Easter Bunny, local police, fire fighters, ambulance workers and other professionals. We also have two field trips per year.

We ask that parents provide snacks and juice once a month. We encourage healthy foods and beverages like milk or fruit juice.

Other highlighted offering include:

- **Summer Camp:** This program runs for five weeks at the school for ages 4 and up.
- **Speech Pathologist:** On staff as needed.

If you are interested please call to make an appointment for an observation. Thank you again for taking the time to investigate our school. We think we provide the best, most well rounded curriculum in the area.

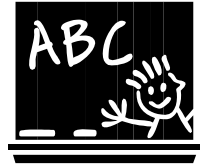
Yours truly,

Cindy Lee Gironda-Post



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Parents have full responsibility for the transportation of their children. Please be prompt with respect to both drop off and pick up. Any child not picked up within 10 minutes of the end of their session will be charged a \$10.00 late fee due at the next session. No child will be released except to a person authorized on the Emergency Information Form. Anyone who intends to pick up a student, please have ID ready to show upon request.

If the children are on the playground at the time of pick up we ask you to please wait outside the fence and a teacher will get your child for you. This is for your child's safety as well as the schools.

No child shall be given any medication, prescription, special diet or any other medical treatment except on written order of a physician. All medications are to be labeled with your child's name and picked up by you at the end of each session. Your child must have an up-to-date medical report on file at the school fully disclosing their medical/behavioral history. The school assumes no liability concerning a condition not disclosed. Parents must advise the school when their child is sick. You hereby give the staff your consent to give your child whatever emergency care they deem reasonably necessary.

Tuition is due the first week of every month. There will be a \$10.00 fee added for tuition that is more than two weeks overdue. Overdue tuition of two months will result in your child's expulsion from school until back tuition is paid in full. There will be a \$25.00 fee added for returned checks. An allowance for Holidays has been deducted from tuition when the yearly rate is set. Field trips or special events off school grounds will require parental permission and possibly an additional fee.

In the event of inclement weather the decision to close the school is solely within the discretion of our director. Cancellations will be broadcast on WGNV, WSPK, WPDH and WRWD. Cancellations can also be accessed on your computer at WRWD.com, then click on stormcenter.

No guns or gum are allowed in the school. Please label all clothing, backpacks and folders brought to school. Remember to dress your child weather appropriate as we try to go out everyday. All children must have a change of clothes in their backpack. Please sign up to bring snack once monthly, a bottle of juice and enough snack for the entire class.

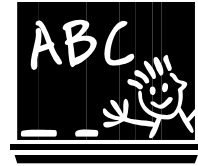
Thank you in advance for your cooperation. We look forward to a great school year!

Please sign and print your name below.

X _____ Print Name: _____

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EMERGENCY INFORMATION

STUDENT: _____ **ADDRESS** _____ **PHONE** _____

DOCTOR: _____ **ADDRESS** _____ **PHONE** _____

DENTIST: _____ **ADDRESS** _____ **PHONE** _____

MOTHER: _____

EMPLOYER _____ **ADDRESS** _____ **PHONE** _____

WORK DAYS: _____ **HOURS** _____

FATHER: _____

EMPLOYER _____ **ADDRESS** _____ **PHONE** _____

WORK DAYS: _____ **HOURS** _____

RESPONSIBLE ADULTS TO CONTACT IN CASE OF EMERGENCY:

RELATIVE: _____ **ADDRESS** _____ **PHONE** _____

NEIGHBOR: _____ **ADDRESS** _____ **PHONE** _____

NEIGHBOR: _____ **ADDRESS** _____ **PHONE** _____

NEIGHBOR: _____ **ADDRESS** _____ **PHONE** _____

ADULTS AUTHORIZED TO PICK UP MY CHILD:

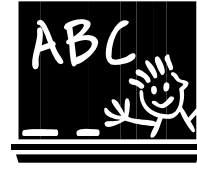
NAME _____ **NAME** _____ **NAME** _____

SPECIAL PROBLEMS SUCH AS DIET, ALLERGIES, ETC. _____

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REGISTRATION FORM

STUDENT'S NAME: _____ **DOB:** _____ **MALE/FEMALE**

ADDRESS: _____ **HOME PHONE** _____

STUDENT'S RELIGION _____ **WORK PHONE** _____

CELL PHONE _____

SESSIONS:

8:15 am-11:10 am – Miss Cindy's Class

9:00 am-11:30 am – Miss Kathy's Class

PLEASE CIRCLE THE DAYS YOUR CHILD WILL ATTEND

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Please note your child's special interests: _____

Please note any special circumstances or concerns: _____

SIBLING INFORMATION:

Name: 1. _____ **Age:** _____ **School Attending:** _____

2. _____

Tuition payments remain the same regardless of illness, holidays or snow days. An allowance for holidays has been considered when the yearly rate is set. Extended illness or other special circumstances will be considered on a case-by-case basis. Payment will be accepted on a monthly basis.

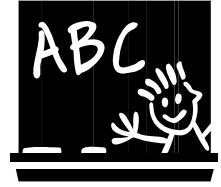
Attendance	Monthly
2 days	\$138.00
3 days	\$190.00
4 days	\$240.00
5 days	\$295.00

Parent's Signature: _____

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CHILD HEALTH AND IMMUNIZATION FORM

To be Completed by a Physician



Child's Name _____ Sex: M F Date of Birth _____

Date of Exam _____

See Attached Record

IMMUNIZATION RECORD

Dtap	IPV	PCV	Hib	Hep A
1. _____	1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____	2. _____
3. _____ <input type="checkbox"/> N	3. _____	3. _____	3. _____	or Had the disease: <input type="checkbox"/> Y
4. _____ _____	4. _____	4. _____	4. _____	If so, Date: _____
5. _____	5. _____ (5 th dose of DTap/IPV only needed if 5yo or older)			PPD Date: _____ <input type="checkbox"/> Neg <input type="checkbox"/> Pos

Heb B	MMR	Varicella	Rotavirus	Influenza (Most Recent)
1. _____	1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____	
3. _____	(2 nd dose of MMR/Varicella only needed if 4yo or older)		3. _____	

Height _____ Orthopedic _____ Weight _____

Scoliosis _____ BP _____ Skin _____

_____ Eyes _____ Ears _____

Nose _____ Mouth _____ Neck _____

Heart _____ Lungs _____ Abdomen _____

Neuro _____ Urinalysis _____

Medications: No Yes
If yes, Please list below:

Allergies: No Yes
If yes, Please list below:

Activity Limitations: No Yes
If yes, Please list below:

Dietary Restrictions: No Yes
If yes, Please list below:

Physician Signature _____

Doctor Stamp:

Physician Name _____

Date _____