

789-5602



OUR LADY OF THE ASSUMPTION NURSERY SCHOOL

1 Molloy Street • Copiague, N.Y. 11726

SCHOOL YEAR _____

NAME OF CHILD _____ DATE OF BIRTH _____

ADDRESS _____ PHONE # HOME _____

_____ CELL _____

NAME OF PARENTS OR GUARDIAN MOTHER _____

FATHER _____

CLASS YOU ARE REGISTERING FOR:

TUESDAY/THURSDAY MORNING MONTHLY TUITION \$175 PER MONTH

MON. WED. FRI. MORNING MONTHLY TUITION \$200 PER MONTH

MONDAY THRU FRIDAY MORNING MONTHLY TUITION \$300 PER MONTH

\$20 REGISTRATION FEE DUE WITH APPLICATION
(THIS FEE IS NON-REFUNDABLE)

SIGNED _____

(Parent's Signature)

DATE _____

The following forms will be sent to you prior to beginning the school year.

Satisfactory completion of these forms will complete your child's enrollment.

Physician's Report

Personal History

Emergency contact card

For office use only:

Date Reg fee paid _____

Rect./check # _____