



VALLEY NURSERY SCHOOL

At Valley Christian Church
1072 Route 82 Hopewell Jct., NY 12533

2026-2027 APPLICATION FORM FORM

Karen Johnson, Director, 845-221-0771 X103

karen@valleyny.cc

I hereby apply for enrollment of my son/daughter in Valley Nursery School.

I understand the following:

- Tuition payments will be due August 15 through May 15. Tuition is due on the fifteen of the month in advance of attendance.
- If the teacher(s) should deem it necessary to remove a child from class, any unused tuition will be refunded on a prorated basis.
- Valley Nursery School reserves the right to refuse admission to, or participation in, any class when in the opinion of the teachers and Nursery School Director, a child does not or cannot integrate into the classroom setting. If a child is excused from the program, any unused tuition will be refunded on a prorated basis.

Furthermore:

- My child is able to fully participate in all nursery school activities.
- I agree to comply with all rules established by Valley Nursery School.

The following must be included with your application:

1. Non-refundable registration fee of \$60.00 made payable to Valley Christian Church
For those enrolled, the registration fee is non-refundable. For those on a waiting list the registration fee will be refundable. \$20 supply fee.
2. A photocopy of your child's birth certificate

The following submitted on or before the first day of school:

1. Signed financial commitment pledge.
2. Medical report signed by a doctor including a record of all immunizations
3. Signed Handbook Acknowledgment
4. Child Info Sheet
5. 3x5 photo of your child
6. Parent Permission Requested (Internet)
7. *Change of clothes for emergencies (to remain at school to be used as needed)

VALLEY NURSERY SCHOOL
Application for 2026-2027

Child's full name: _____

Child's Birth Date: _____ M/F _____

Allergies: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Mother's Name

_____ Phone _____ Email _____

Father's Name

_____ Phone _____ Email _____

Emergency Contact (name, number, relation): _____

Are you a partner with Valley Christian Church? If not, please indicate if you attend another church in our community: _____

Are you also enrolling another child in the program? _____

Are you a military family? _____

To begin the 4's program your child must be 4 years old on or before December 1st.

Class Choices:

Morning: Tuesday, Wednesday, Thursday - 9:00am -11:30am ____

****If offered, would you prefer?**

Afternoon: Tuesday, Wednesday, Thursday - 12:30pm -3:00pm ____

Full Day: Tuesday, Wednesday, Thursday - 9am - 3pm ____

Date: _____

Signature: _____