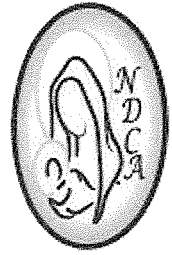


Notre Dame Catholic Academy of Ridgewood

62-22 61st Street, Ridgewood, N.Y. 11385

Tel. (718) 821-2221 • Fax (718) 821-1058

www.notredamecatholicacademy.com



ADMISSION POLICIES FOR NURSERY

1. Applicant **MUST** be **3** by **December 31, 2017.**
2. Your child **MUST** be toilet trained.
3. Your child should be able to leave you for the day without hysterics or carrying on.
4. Your child should be able to put on his/her coat and know his/her full name, and understand English.

REGISTRATION PROCEDURE

1. Complete the attached application form at home. **Please bring an interpreter with you if you do not speak English.**
2. Bring the following when you come to register:
 - a. Completed application form
 - b. Child's birth certificate
 - c. Child's Baptismal certificate
 - d. Immunization card
3. **Medical History Form – This form will be given to you upon registration.**

*It must be fully completed by your family physician or Clinic (child must be completely immunized against DPT, Polio, Measles-Rubella, Mumps and Chickenpox. Your child must also have received the HIB and HB (Hepatitis B) inoculations. The Board of Health requires full immunization for a student entering school. **This form is to be completed and returned to the school by March 18, 2016.** If this form is incomplete, your child **WILL NOT** be permitted to attend classes in September.*

REGISTRATION FOR NURSERY BEGINS JANUARY 29, 2017.

CHILD MUST ACCOMPANY PARENT AT REGISTRATION

The Registration fee and Material/Activity fee are due at the time of registration.

BOTH REGISTRATION AND FIRST MONTH'S FEE ARE NON-REFUNDABLE.

THE REGISTRATION FEE IS NON-REFUNDABLE

Upon entrance to school, each student is helped in every way to succeed. However, the school reserves the right to suspend or dismiss a student in the instances of prolonged unsatisfactory record in scholarship or attendance, violation of major school rules, and parental failure to cooperate with the school or to maintain the agreed schedule of payment.

Notre Dame Catholic Academy of Ridgewood

NURSERY REGISTRATION FORM

HALF DAYS _____

SEPTEMBER 2016

PLEASE PRINT

Registration Date: _____

MALE _____

FEMALE _____

STUDENT _____

LAST NAME

FIRST

MIDDLE

ADDRESS _____

HOUSE NUMBER

STREET

TOWN

STATE

ZIP CODE

If last name on mailbox is different from your child, please list _____

SOCIAL SECURITY NO. OF CHILD: _____

HOME PHONE _____

DATE OF BIRTH _____

RELIGION _____

PLACE OF BIRTH _____

BAPTISM _____

CHURCH

LOCATION

DATE

PRESENT PARISH/CHURCH

YOU ARE ATTENDING _____

CHURCH

LOCATION

CHURCH ENV. # _____

LANGUAGE SPOKEN IN

LANGUAGE OF STUDENT _____

THE HOME _____

FATHER _____

(GUARDIAN)

LAST NAME

FIRST NAME

RELIGION _____

LIVING _____

DECEASED _____

PLACE OF BIRTH _____

OCCUPATION _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____

E-MAIL ADDRESS: _____

CELL # _____

MOTHER _____

(GUARDIAN)

MARRIAGE NAME

MAIDEN

FIRST NAME

RELIGION _____

LIVING _____

DECEASED _____

PLACE OF BIRTH _____

OCCUPATION _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____

E-MAIL ADDRESS: _____

CELL # _____

PLEASE LIST NAME AND DATE OF BIRTH OF EACH OF YOUR CHILDREN.

NAME

DATE OF BIRTH

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PARENTAL REGISTRATION AGREEMENT

NURSERY

As the parent/guardian of _____ Grade _____

I agree to:

1. *Support the philosophy, rules and regulations of Notre Dame Catholic Academy.*
2. *For those of you who are Catholic, encourage your children to live their faith, particularly by attending Mass and receiving the Sacraments.*
3. *Attend regular Parent-Teacher Conferences.*
4. *Pay the annual tuition, make tuition payments on time.*
5. *Actively support fundraising events since my tuition does not fully pay for my child/children's education.*
6. *Support the Administration and Faculty's decisions.*
7. *The school reserves the right to suspend or dismiss a student in the instances of prolonged unsatisfactory record in scholarship or attendance, violation of major school rules, and parental failure to cooperate with the school or to maintain the agreed schedule of payment.*

Mrs. Maria Cuomo

Mrs. Maria Cuomo

Principal

I realize that I am expected to abide by the terms of this agreement. If for any reason, I am unable to do so, I am expected to request a conference with the Principal.

PARENT'S

SIGNATURE: _____ DATE _____