

## HARTLEY NATURE PRESCHOOL

## 2016-17 Application for Enrollment

**Application Calendar** 

♦ December 7—January 29, 2016

Enrollment Applications accepted for returning families, waiting list families, and the general public. Applications must be complete and include the \$50 application fee.

- ♦ February 19, 2016
  - Class placement notification
- ♦ March 1, 2016

Non-refundable deposits are due (applied to May 2017 tuition payment)

**◆** Late Applications

Applications received after January 29 will be considered in the order received

## **Application Procedure**

To enroll your child at Hartley Nature Preschool, please complete this Enrollment Application form and submit it with the \$50 non-refundable application fee no later than January 29, 2016. A new application for enrollment must be made each school year. If necessary, a lottery will be held to ensure fair placement among returning families and/or for popular classes. Priority for enrollment is as follows 1) currently enrolled and returning children, 2) siblings of currently enrolled/alumni children, 3) children on the waiting list, 4) general public. An effort will be made to grant each family's first choice for class days and times whenever possible and as is best for the make-up of preschool classes (ie gender, age balance). Notification of class placement will be given by or before February 19, 2016 via email and mail. A non-refundable deposit equal to one month's tuition will be due by March 1, 2016 to hold the placement. The deposit will be applied to the May 2017 tuition payment.

| Child's Name Preferred Nickname   |
|---|
| Child's Age on September 1, 2016 Child's Date of Birth Gender   |
| ☐ Currently Enrolled Student ☐ Sibling of Current/Alumni Student  |
| ☐ Already on the Waiting List ☐ New Student   |
| Please tell us about your family  |
| Parent(s)/Guardian(s)   |
| Home Address/City/State/Zip Code  |
| Child's Home Address (if different from above)  |
| Home/Cell phone number(s)   |
| Email address(es)   |
| Work Place(s)/Occupation(s)   |
| Work phone number(s)  |
| Siblings' names and birthdays   |
| $\Box$ I am interested in receiving a scholarship to HNP. Please email me a scholarship application when it is available. |

## Class Preference for 2016-17 school year

Please rank your order of preference Children must be 3 years old and toilet-trained by September 1, 2016 to enroll.

| Rank | Times/Days                | Hours      | Tuition per<br>year/month |
|------|---------------------------|------------|---------------------------|
|      | Mornings, M/W/F           | 8:30-11:30 | \$2,421 / \$269           |
|      | Mornings, T/TH            | 8:30-11:30 | \$1,611 / \$179           |
|      | Afternoons, M/W           | 12:30-3:30 | \$1,611 / \$179           |
|      | Afternoons, T/TH          | 12:30-3:30 | \$1,611 / \$179           |
|      | Full Days*, M/W/F         | 8:30-4:30  | \$3996 / \$444            |
|      | Full Days*, T/TH          | 8:30-4:30  | \$2664 / \$296            |
|      | Full Days*, Monday—Friday | 8:30-4:30  | \$6660 / \$740            |
|      |                           |            |                           |

If you have a preference for a teacher or classmate for your child, please indicate below and we will do our best to accommodate your request.

| Date Rec  | n Credit Card  | nrtley Nature Cen  | Security C Expiration ter. | ode (number on back)<br>n Date             |  |  |  |
|---|--|--|----------------------------|--|--|--|--|
| ☐ Enclo Name or Credit Ca **Please For office   | n Credit Card<br>ard Number<br>e make checks payable to Ha<br>ce use only: | nrtley Nature Cen  | Security C Expiration ter. | ode (number on back)<br>n Date<br>tion Fee |  |  |  |
| ☐ Enclo  Name or  Credit Ca   | n Credit Cardard Number  |  | Security C                 | ode (number on back)                       |  |  |  |
| ☐ Enclo  Name or  Credit Ca   | n Credit Cardard Number  |  | Security C                 | ode (number on back)                       |  |  |  |
| ☐ <b>Enclo</b> Name or  | n Credit Card  |  | Security C                 | ode (number on back)                       |  |  |  |
| ☐ Enclo   |  |  |                            | <del></del>                                |  |  |  |
|   |  | ☐ Enclosed is my \$50 non-refundable application fee paid by: Check** Cash Credit Card |                            |  |  |  |  |
| -   | ☐ Caucasian ☐ Asian American ☐ Middle Eastern ☐ Other (specify):           |  |                            |  |  |  |  |
| ☐ African American ☐ Latino/Hispanic ☐ American Indian ☐ Pacific Islander   |  |  |                            |  |  |  |  |
| <b>Optional.</b> In order to help us track our demographic information, please provide the following racial/ethnic background information (mark all that apply):                      |  |  |                            |  |  |  |  |
| If your child has a health condition (i.e. allergy, medication, etc) or special need that HNP staff should be aware of please indicate below. Please provide an IEP/ICCP if possible. |  |  |                            |  |  |  |  |
| -   | •  |  |                            | our best to meet your family's needs.      |  |  |  |
| * If you y  | would like to have vour child  | attend the FULL  | day preschool clas         | s, please provide an explanation of your   |  |  |  |
| F   | Full Days*, Monday—Friday  | 8:30-4:30  | \$6660 / \$740             |  |  |  |  |
|   | Full Days*, T/TH   | 8:30-4:30  | \$2664 / \$296             |  |  |  |  |
| F   | Full Days*, M/W/F  | 8:30-4:30  | \$3996 / \$444             |  |  |  |  |
|   |  |  |                            |  |  |  |  |