

JOSEPH SALADINO
Town Supervisor



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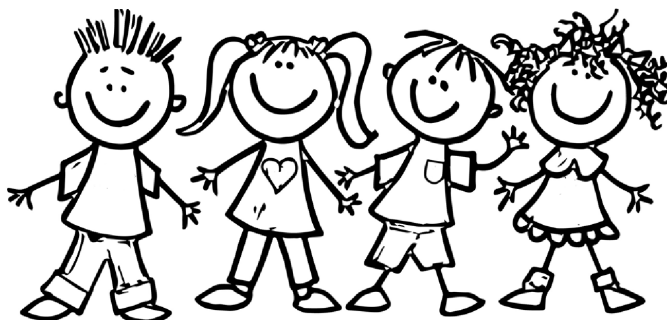
Town of Oyster Bay Joseph Saladino

Town Supervisor
Department of Community & Youth Services
516-797-7900
www.oysterbaytown.com

Maureen A. Fitzgerald
Commissioner

Patricia A. Beckerle
Deputy Commissioner

2024-2025 PRE-SCHOOL PROGRAM REGISTRATION APPLICATION MARJORIE R. POST COMMUNITY PARK UNQUA ROAD, MASSAPEQUA 516-797-5386



3-YEAR-OLD PROGRAM: Student must be three years old by December 1, 2024

4-YEAR-OLD PROGRAM: Student must be four years old by December 1, 2024

MORNING SESSION: 9:30 AM - 12:00 PM

AFTERNOON SESSION: 12:30 PM - 3:00 PM

3 DAYS PER WEEK: Monday, Wednesday, Friday.....\$1,700.00

5 DAYS PER WEEK: Monday, Tuesday, Wednesday, Thursday, Friday..... \$2,000.00

Tuition is paid in two installments. The first half of the tuition is due May 31, 2024. The second half of the tuition is due February 3, 2025.

This application MUST be postmarked NO LATER than December 1, 2023.

Registration will be accepted by mail only. (NO WALK-INS accepted.)

Class size is limited and application does not guarantee placement.

PROGRAM POLICIES

- Children must be **fully toilet trained** and **wearing underwear**. **No diapers or pull-ups permitted.**
- For the safety of the children and staff, the Town of Oyster Bay Pre-School Program does not accept children without vaccinations.
- All children must be able to understand and follow simple instructions and express basic needs.
- The Town reserves the right to refuse or cancel registration at any time for reasons of health, safety, or emotional conditions that may compromise the safety and welfare of the students or hinder the learning environment as determined by the school staff.

Mail the bottom portion of the application to the below address no later than December 1, 2023.

Town of Oyster Bay
Community & Youth Services
977 Hicksville Road
Massapequa, NY 11758
Attention: Pre-School



TOWN OF OYSTER BAY PRE-SCHOOL REGISTRATION APPLICATION 2024-2025

Please circle the school you are applying to: **MASSAPEQUA** **SYOSSET**

CHILD'S NAME

BIRTHDATE

GENDER

PHONE #

MOTHER'S NAME

FATHER'S NAME

EMAIL ADDRESS

STREET ADDRESS

TOWN

ZIP

SIBLING NAME(S)

BIRTHDATE(S)

SESSION PREFERENCES (please check)

My child will attend: 3 days per week _____ 5 days per week _____

1st Choice

2nd Choice

3-Year-Old Morning Session

3-Year-Old Afternoon Session

4-Year-Old Morning Session

4-Year-Old Afternoon Session

I have read this application and agree to the terms:

PARENT'S SIGNATURE

DATE