

JOSEPH SALADINO  
Town Supervisor



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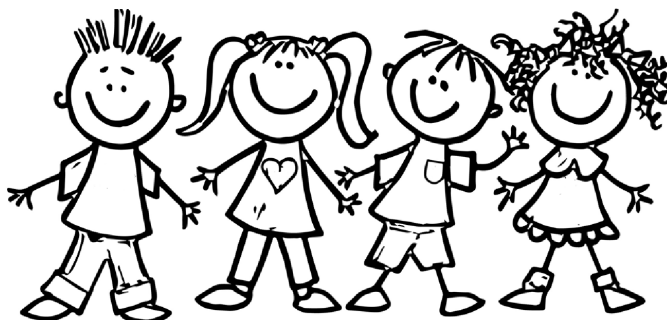
# Town of Oyster Bay Joseph Saladino

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

Maureen A. Fitzgerald  
Commissioner

Patricia A. Beckerle  
Deputy Commissioner

## 2025-2026 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, 2025

**4-YEAR-OLD PROGRAM:** Student must be four years old by December 1, 2025

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

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

3 DAYS PER WEEK: Monday, Wednesday, Friday.....\$1,900.00

5 DAYS PER WEEK: Monday, Tuesday, Wednesday, Thursday, Friday..... \$2,200.00

Tuition is paid in two installments. The first half of the tuition is due May 30, 2025. The second half of the tuition is due February 2, 2026.

**This application MUST be postmarked NO LATER than December 6, 2024.**

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 6, 2024.**

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



TOWN OF OYSTER BAY PRE-SCHOOL REGISTRATION APPLICATION 2025-2026

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