

Date _____
 Deposit _____ Ch# _____
 Tuition Fee _____
 Transportation _____

Hickory Hill Day School & Kindergarten

163 Central Park Road
 Plainview, NY 11803

Ph: 516.349.0670 Fax: 516.349.7167



Visit Our Website at: www.hickoryhillday.com

School Registration Form

Child's Name: _____ Sex: _____ Birthdate: _____ Age as of Sept. 1: _____

Address: _____ Town: _____ Zip: _____ Phone: _____

School Session (Please Check):

- 2 Days (choose your days)
- 3 Days (choose your days)
- 5 Days
- 5 Full Days with Extended Hours

- Morning Session (9am - 12pm)
- Afternoon Session (1pm - 4pm)
- Full Day Session (9am - 4pm)

- Ext. Lunch
- Before Care
- After Care

Kindergarten:

- 5 Full Days
- AM Session
- PM Session

Meal Plan:

- Breakfast
- Lunch
- Breakfast /Lunch
- No Thank You

Tuition Includes: transportation, snack, all materials and insurance.

Extended hours program is available from 7:00am to 7:00pm. Please indicate time of drop-off and pick-up if your child will **not** be using bus transportation. Transportation is **not** available for extended hour's programs.

AM drop-off time: _____ PM pick-up time: _____

Father's Name: _____ Work Phone: _____ Cell Phone: _____

Mother's Name: _____ Work Phone: _____ Cell Phone: _____

Mother's Email: _____ Father's Email: _____

Emergency Contact - Neighbor's Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

Please draw a map of your area within a few blocks, indicating your home location.

N
W + E
S

Transportation Information:

___ check here to give permission to have your child transported to and from Hickory Hill.

___ check here if you do not need transportation.

Pick Up Address: _____

Between: _____ & _____

Drop Off Address: _____

Between: _____ & _____

School Provisions

1. Tuition is based on a ten month school year, from September to June and is to be paid each month in advance. A deposit of one month's tuition is due at registration and is credited toward your June payment.
2. The School has the right to request that your child be removed from the school's enrollment for any reason at any time during the school year.
3. In the event that you cancel your child's registration, 50% of the month's tuition will be refunded up to September 1st. After September 1st, the entire month's tuition payment is forfeited.
4. There is absolutely no make-up days scheduled for any reason.
5. Our calendar days are in excess of the usual number for the school year. In the event of snow days or emergency closings, there will be **no** make-up days scheduled or refunds granted.
6. In case of accident or serious illness, parent will be contacted. If parent cannot be reached by phone, parent authorizes school to call physician. If it is impossible to reach physician, school may make whatever arrangements necessary in order to administer treatment to child.
7. On some occasions where road conditions make bus transportation inadvisable or hazardous, school will be open for parents who wish to transport their children. Under such circumstances, there will be no reduction in tuition.
8. Parent gives permission for child to participate in field trips.
9. We follow Plainview - Old Bethpage School Calendar.

Date: _____ Parent's Signature: _____

