LUTHER MEMORIAL NURSERY SCHOOL & PRE-KINDERGARTEN  
435 South Main Street, North Syracuse, NY 13212  
Phone: 315-458-1481 X2  ■  www.luthermemorialns.org

SCHOOL POLICIES

1. For safety reasons, parents must bring their children into the building.

2. **Dismissal Procedure:** At the end of each class session, the children will go into the hall to get their bags and coats and bring them into the room. Parents may then come into the room to pick up their children. We must have written permission if someone other than the person(s) listed on your Authorization for Student Pick-Up form is to pick up your child.

3. Tuition is set annually. It may be paid in one payment, or it may be paid in monthly installments. About monthly payments: The 1st payment is due by July 1st (this covers your child’s September tuition.) Thereafter – October (the 2nd payment) through May (the final payment) – tuition is due on or before the 1st of every month. Vacations, illnesses, or cancellation due to the weather do not reduce the monthly payment.
   - There is a $20.00 charge for each returned tuition check.
   - There is a $10.00 late charge for tuitions 5 days past due.
   - There is a $20.00 late charge for tuitions 10 days past due.
   - If any account becomes 15 past days due, a child/children may not attend school until the account is brought up to date.

4. Children may not chew gum at school.

5. School personnel may not transport students to or from school.

6. Parents must sign a field trip permission slip before each field trip.

7. Toys that suggest violence are not allowed.

8. We feel that it is not appropriate for children to attend Parent-Teacher Conferences.

9. Children’s birthdays are celebrated at school. Please check with the teacher before sending treats to see if allergies are an issue. Please do not distribute party invitations at school unless every class member is invited.

10. **School Closings:** If the North Syracuse School District has a "snow day", so do we. If North Syracuse Schools have a one (1) hour or a two (2) hour delay, we operate on our normal schedule. If North Syracuse District cancels morning kindergarten we close for the whole day; if afternoon kindergarten is cancelled, our afternoon classes will be cancelled.

11. Children need to stay home 24 hours after vomiting or diarrhea has ceased. They also need to stay home for the first few days of a cold.

12. If your child is unable to attend class on any given day, it is helpful to the teacher if you call Cajsa Sheen, Director, at 458-1481 X2 or email her at csheen456@gmail.com to let her know.

13. It is a New York state law that immunization records be on file at the nursery school.

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# DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Child’s Nickname(s):</th>
<th>Birth Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Home Phone:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian’s Name &amp; Relationship:</th>
<th>Cell:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (if different):</td>
<td>Home (if different):</td>
</tr>
<tr>
<td>Place of Employment:</td>
<td>Work:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian’s Name &amp; Relationship:</th>
<th>Cell:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (if different):</td>
<td>Home:</td>
</tr>
<tr>
<td>Place of Employment:</td>
<td>Work:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Babysitter’s Name:</th>
<th>Cell:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person to call if parents/guardian cannot be reached in an emergency:</th>
<th>Cell:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home:</td>
</tr>
<tr>
<td></td>
<td>Work:</td>
</tr>
</tbody>
</table>

| Child’s Physician/Practice Address: | Phone: |

<table>
<thead>
<tr>
<th>Is your child adopted?</th>
<th>□ YES □ NO</th>
<th>If YES, does your child know of the adoption?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ YES □ NO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is either parent deceased?</th>
<th>□ YES □ NO</th>
<th>Comments (optional):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Are parents separated or divorced?</th>
<th>□ YES □ NO</th>
<th>Comments (optional):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Name(s):</td>
</tr>
</tbody>
</table>

## SOCIAL DEVELOPMENT

<table>
<thead>
<tr>
<th>Has your child attended other schools?</th>
<th>□ YES □ NO</th>
<th>Where/When:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Does your child participate in group activities?</th>
<th>□ YES □ NO</th>
<th>List:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Does your child already know any classmates?</th>
<th>□ YES □ NO</th>
<th>Name(s):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Have adults outside the family cared for your child?</th>
<th>□ YES □ NO</th>
<th>Comments (optional):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>How does your child relate to adults?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>How does your child relate to other children?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What contacts does your child have with other children?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What are favorite indoor and outdoor play interests?</th>
</tr>
</thead>
</table>

How did you hear about Luther Memorial Nursery School? ______________________________

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EMOTIONAL DEVELOPMENT

Describe that which we should know about:

<table>
<thead>
<tr>
<th>Fears:</th>
<th>Strengths:</th>
<th>Dislikes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Habits:</td>
<td>Likes:</td>
<td></td>
</tr>
</tbody>
</table>

How does your child react to anxiety or stressful situations:

Do you anticipate any adjustment difficulties? □ YES □ NO Comment:

Is your child experiencing any:

- Physical problems? □ YES □ NO Comment:
- Emotional problems? □ YES □ NO Comment:
- Hearing problems? □ YES □ NO Comment:
- Speech problems? □ YES □ NO Comment:

The Luther Memorial Nursery School staff welcomes involvement of therapists in the classroom. Ask your child's teacher about such arrangements.

Does your child receive any kind of therapy? □ YES □ NO If YES, please share information below:

<table>
<thead>
<tr>
<th>Therapy For:</th>
<th>Therapy For:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Name/Phone:</td>
<td>Agency Name/Phone:</td>
</tr>
<tr>
<td>Therapist Name/Phone:</td>
<td>Therapist Name/Phone:</td>
</tr>
</tbody>
</table>

PHYSICAL DEVELOPMENT

Which hand does your child prefer? □ RIGHT □ LEFT Is your child subject to nosebleeds? □ YES □ NO

Is your child potty trained? □ YES □ NO Can your child care for own toilet needs? □ YES □ NO

How does your child let you know if he/she needs to use the bathroom?

How does your child react if he/she has a bathroom accident?

List any allergies and their severity (foods, beverages, soap, bee stings, grass, pollen, etc.) □ NO ALLERGIES

| (1) Severity: | (2) Severity: | (3) Severity: | (4) Severity: |

Thank you for helping us get to know your child!

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Print Child’s Name: _______________________________________________________

MEDICAL AUTHORIZATION

In case my child becomes ill or has a medical emergency at Luther Memorial Nursery School & Pre-Kindergarten (LMNS), I authorize you to:

FIRST CONTACT:
Name________________________ Relationship______________________________
Home _______________ Cell____________________ Work _______________________

SECONDARY CONTACT: If the above person cannot be reached, contact:
Name________________________ Relationship______________________________
Home _______________ Cell____________________ Work _______________________

If neither of the persons listed above can be reached, or cannot arrive before important medical decisions need to be made, I:

☐ Authorize  ☐ Do Not Authorize

the LMNS staff to make any necessary emergency medical decisions for the well-being of my child, including treatment by emergency medical personnel, transport by ambulance to a hospital and treatment by a health care provider.

This authorization is valid from the first day of class, September, 20____ until the last day of class, May, 20____ unless otherwise noted here: ________________________________

Parent/Guardian’s Signature: ______________________________________________
Print Name: ___________________________ Date: ___________________________
Witness: ______________________________________________________________
Witness: ______________________________________________________________

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Print Child’s Name: ____________________________________________

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AUTHORIZATION FOR STUDENT PICK-UP

I hereby authorize [include parent(s)] to pick up my child from Luther Memorial Nursery  
School & Pre-Kindergarten (LMNS). If these instructions should change, I will let you know in  
advance and in writing. Please list at least one person other than parents. Please be sure  
that the people you designate know to bring proper identification such as a company photo ID  
or driver’s license.

1. Name________________________________ Relationship________________________
    Address________________________________ Home #_________ Cell__________

2. Name________________________________ Relationship________________________
    Address________________________________ Home #_________ Cell__________

3. Name________________________________ Relationship________________________
    Address________________________________ Home #_________ Cell__________

4. Name________________________________ Relationship________________________
    Address________________________________ Home #_________ Cell__________

5. Name________________________________ Relationship________________________
    Address________________________________ Home #_________ Cell__________

Special Instructions:

Name(s) of person(s) not authorized to remove my child from LMNS:

(1) (2) (3)

Parent/Guardian’s Signature: __________________________________________

Print Name: ______________________________ Date: ________________

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Print Child’s Name: ____________________________________________________________

ELECTRONIC COMMUNICATION AUTHORIZATIONS

Email and text messaging is efficient for us and helpful to parents/caregivers; signing up for both email and text messaging services is recommended. Special arrangements are available if emailing or text messaging are not an option for your family. Contact the director to discuss such arrangements.

E-MAIL: Newsletters, Event Notices, Parent/Teacher Correspondence

The monthly newsletter is posted on the website and also emailed. Event notices are emailed periodically during the year. One-on-one teacher/parent communication via email is a valuable timesaver and creates efficiencies. Provide the name and email address of the primary contact for all such correspondence – Do not list business emails as they are frequently blocked.

Primary Contact: ___________________________ Email: ___________________________ Revoked: ________

List others to receive newsletter/event notices (only):

Name: ___________________________ Email: ___________________________ Revoked: ________
Name: ___________________________ Email: ___________________________ Revoked: ________

Text Messaging: “REMIND” APP

The “REMIND” app is used to alert families of school closings, events, and general school reminders; these messages may duplicate some emails you have already requested (above) to receive. “REMIND” is available for iPhone, Android and iPad devices. In order to use this service you must:

1) Download the app to your phone or iPad, and
2) Provide a cell phone number to the nursery school

Primary Contact: ___________________________ Cell Phone: ___________________________
Permission Revoked: __________________

Additional Contact: ___________________________ Cell Phone: ___________________________
Permission Revoked: __________________

Parent/Guardian’s Signature: ______________________________________________________

Print Name: ___________________________ Date: ___________________________

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PHOTOGRAPHY AND ADDRESS AUTHORIZATIONS

PHOTOGRAPHY AUTHORIZATION

From time to time we take pictures during school activities. Pictures are selected to highlight activities during school and are used to show the many ways children learn and have fun at Luther Memorial Nursery School & Pre-Kindergarten.

We would like permission to use these pictures on our website and Facebook. We never reference a child by name or provide any specific information regarding a child. Permission is revocable at any time.

Please express your preference regarding use of photos of your child(ren):

☐ YES, I grant permission to use photos of my child(ren).

☐ NO, DO NOT use photos of my child/children

☐ Permission Revoked (date): ____________________________

AUTHORIZATION TO SHARE YOUR CHILD’S ADDRESS

We frequently are asked for classmate addresses for party invites. We do not provide such information without parental consent. Permission is revocable at any time.

Please express your preference regarding sharing the address of your child(ren):

☐ YES, you may share my child’s name and address

☐ NO, DO NOT share my child/children’s address

☐ Permission Revoked (date): ____________________________

Parent/Guardian’s Signature: ____________________________________________

Print Name: ____________________________ Date: ________________________
Print Child's Name: 

ACCEPtANCE OF FINANCIAL POLICIES

I understand that Luther Memorial Nursery School & Pre-Kindergarten (LMNS) is a not-for-profit school and a program of Luther Memorial Lutheran Church of North Syracuse.

I understand that my tuition payments are vital for payment of staff salaries, the purchase of necessary equipment and consumable supplies, payment of insurance, utilities, etc.

I understand that my child’s tuition is an annual fee which, for my convenience, may be divided into nine (9) monthly payments.

While it is true that September and May are not full months at LMNS, I understand that my child’s tuition is an annual cost which can, for my convenience, be divided into nine (9) equal monthly payments. These payments are not based on the number of days my child attends during any one month.

I understand that if I choose to pay my child’s annual tuition on a monthly basis, these payments are due on the 1st of each month. I understand that if I fall behind in these payments, my child may not be able to attend class.

I understand that in certain circumstances special arrangements regarding payment of tuition may be made by contacting Cajsa Sheen, Director at 458-1481 X2.

I understand that payment should be made in cash, check, or money order, payable to Luther Memorial Nursery School. It would be helpful if the child’s name was written in the memo line.

The payments should be placed in the lockbox on Cajsa Sheen desk. If you need a receipt please attach a note to the payment.

I understand that the LMNS budget depends on all tuition payments paid on time from every family for the entire nine (9) months.

I understand that no adjustments to tuition will be made if my child misses class due to weather conditions, illnesses or vacations.

I understand that all other money collected by LMNS for book orders, field trips, etc. should be placed in the lock box. I understand that I should not hand money to LMNS staff members.

ALL TUITION PAYMENTS MUST BE PAID BY THE LAST DAY OF NURSERY SCHOOL.

Parent/Guardian’s Signature: 

Print Name: ___________________________ Date: _______________

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FINANCIAL COMMITMENT STATEMENT

As Parent/Guardian of __________________________ who is enrolled for the 2019-2020 school year at Luther Memorial Nursery School & Pre-Kindergarten (LMNS), 435 South Main Street, North Syracuse, New York 13212, I understand and agree to the following financial commitment:

The ANNUAL TUITION:
- Two Year Old Program 2 day is $1170.00; monthly payments are $130.00
- Two Year Old Program 3 day is $1260.00; monthly payments are $140.00
- Three Year Old Program is $1215.00; monthly payments are $135.00
- Four Year Old Program is $1215.00; monthly payments are $135.00
- Five Day Program 3 & 4 year olds is $1575.00; monthly payments are $175.00

About monthly payments: The 1st payment is due by July 1st (this covers your child’s September tuition.) Thereafter – October (the 2nd payment) through May (the final payment) – tuition is due on or before the 1st of every month.

I understand that a late fee of $10.00 will be charged on all accounts 5 days past due.

I understand that a late fee of $20.00 will be charged on all accounts 10 days past due.

If any account becomes 15 days past due I understand that I may not bring my child/children to school until the account is brought up to date.

There is a $20.00 charge for returned checks.

I will either mail or hand-deliver the tuition checks, money orders or cash in a timely manner to the school. There will be a locked box on the director’s desk in which to place tuition payments; I will not hand tuition payments to staff members.

Checks are made payable to Luther Memorial Nursery School; credit cards are not accepted.

In the event the child must withdraw from the program for any reason, I will give a two (2) week written notice to the director. I understand that tuition remains due for those two weeks.

I have read the above statement and agree to its terms.

Parent/Guardian’s Signature: ________________________________

Print Name: ____________________________ Date: ________________