

## **RETURNING STUDENTS, CHURCH MEMBERS AND ALUMNI FAMILIES**

Batavia Nursery School  
Congregational Church of Batavia  
21 S. Batavia Ave.  
Batavia, Il. 60510  
(630)879-9470

Email: [office@batavianurseryschool.org](mailto:office@batavianurseryschool.org)

January 2024

Dear Parents:

Pre-registration for next year begins on **Thursday, January 25th**; we are attaching an application for your child.

Pre-registration is in effect until Friday, February 2nd. You may turn in your application and registration fee at any time during this period. Once pre-registration is over, we will be accepting applications from the public. Please note that applications are processed in the order that they are received. Several of the classes that we offer have limited space, therefore we suggest that you register early. **You must include the registration fee for us to register your child. For returning students the registration fee is \$80; family max \$140.**

If you currently have a student enrolled, are a member of the Congregational Church of Batavia, or are an alumni family you are eligible to register during this pre-registration period.

If you have a friend or relative that would like to register, you may request an application for them. Applications and all instructions are also available on our website.

Thank you for being a part of our Batavia Nursery School family!

Pam Foelske  
Director

# Batavia Nursery School

Congregational Church of Batavia  
21 S. Batavia Ave., Batavia, Illinois 60510  
(630) 879-9470

Email: [office@batavianurseryschool.org](mailto:office@batavianurseryschool.org)

## Classes Offered 2024-2025

Three Year Olds	Must be three by 9/1/24	
T/TH	9:00-11:15	\$190 per month
M/W/F	9:00-11:15	\$225 per month
Four Year Olds	Must be four by 9/1/24	
M/W/F	9:00-11:30	\$225 per month
M/T/W/TH	9:00-11:30	\$265 per month
Pre-Kindergarten	Must be five by 1/1/25	
M/T/W/TH	9:00-11:30	\$265 per month

## Non-Refundable Registration Fees

Returning Student	\$80
Family Maximum Returning Student	\$140
New Student	\$100
Family Maximum New Student	\$175

## EXTENDED PLAY

Parents may enroll their child in the extended play program which is offered Monday-Thursday. Children bring their lunch and stay until 2:00 p.m. Sign-up is per month at the cost of \$25.00 per day.

## ENRICHMENT

Enrichment classes are offered throughout the school year, based on teacher availability. Classes meet in 4-week sessions. Topics may include cooking, baking science and fitness. The cost per session is \$125.

## SUMMER CAMP

Camp is offered throughout the summer months Monday-Thursday. Each week we will have a specific theme. The cost per week is \$125.

## Come and See Our School in Action!!

Tours are available on Tuesday and Thursday mornings. To schedule a tour, please call us at (630) 879-9470 or email us at: [office@batavianurseryschool.org](mailto:office@batavianurseryschool.org).

Tours will include visiting ongoing classes and seeing our building. You are welcome to bring your child along. Pre-registration is available to church members, alumni families and students who are currently attending BNS.



### Open House

Please join us for an Open House for prospective students and families:

Tuesday, January 30<sup>th</sup> from 5:30-6:30 p.m.

This will be an opportunity for you to view our classrooms and meet our staff. We will be happy to answer any questions that you may have prior to the open registration date of February 3rd.

**Batavia Nursery School**  
**2024-2025 Enrollment Application**  
Application must be completed and signed to be processed

Child's Name \_\_\_\_\_  
Last First Middle Name

Parent's Names \_\_\_\_\_ Marital Status \_\_\_\_\_

Home Address \_\_\_\_\_  
Address City State Zip Code

Child's Birth Date \_\_\_/\_\_\_/\_\_\_ Child's Sex M F

Preferred Email Address \_\_\_\_\_

Please indicate how you would like your child to recognize their first name as **written** \_\_\_\_\_

Provide information below for the two individuals who have primary **legal** responsibility for this child:

Name	_____	_____
Relationship to child	_____	_____
Cell Phone Number	_____	_____
Employer	_____	_____
Business Phone Number	_____	_____

Indicate class choice, numbering class choices in order of preference beginning with 1. If your first choice is not available, we will place your child in the second choice as well as the waiting list for first choice. The registration fee is non-refundable. The parent/guardian will receive written confirmation of class assignment. Cut-off dates for entry into preschool conform to the Illinois laws mandating public school entry dates.

**Three-Year-Old Classes:**  
**Must be 3 by 9/1/24**

\_\_\_ Tuesday, Thursday 9:00-11:15 a.m.  
\_\_\_ Monday, Wednesday, Friday 9:00-11:15

**Four-Year-Old Classes:**  
**Must be 4 by 9/1/24**

\_\_\_ Monday, Wednesday, Friday 9:00-11:30  
\_\_\_ Monday, Tuesday, Wednesday, Thursday 9:00-11:30

**Pre-Kindergarten Classes:**

**Must be 5 by 1/1/25 \*Priority given to students needing a growth year/teacher recommendation**

\_\_\_ Monday, Tuesday, Wednesday, Thursday 9:00-11:30

**Tuition:            2 days per week: \$190            3 days per week: \$225            4 days per week: \$265**

(2)

Sibling's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**The following information is used to identify if further forms or releases are needed to serve your child's needs:**

- Does this child have allergies? ..... Yes\_\_\_ No\_\_\_  
If yes, please list \_\_\_\_\_
- Does this child have any physical needs that require adaptations?  
(Glasses, hearing aids)..... Yes\_\_\_ No\_\_\_
- Does this child have a diagnosed medical condition? ..... Yes\_\_\_ No\_\_\_  
If yes, please list \_\_\_\_\_
- Does this child receive any services or therapy.....Yes\_\_\_ No\_\_\_
- If so, please list \_\_\_\_\_
- Has this child attended an Early Childhood Screening? ..... Yes\_\_\_ No\_\_\_

**The following information is used by classroom teachers as preparation for instructing your child:**

- Does this child tend to be right \_\_\_or left \_\_\_handed
- Has this child previously attended preschool.....Yes\_\_\_ No\_\_\_
- If yes, where? \_\_\_\_\_
- Would you consider this child outgoing or shy? \_\_\_\_\_
- Where will this child attend elementary school? \_\_\_\_\_

**Please tell us how you first heard about Batavia Nursery School:** \_\_\_\_\_

The above information is true and complete as stated. I will inform the office of any changes to this information.

Signature of  
Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_