



Incline Village Nursery School Year 2024-2025

Name of Child: _____ (M) (F) Birth Date: _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Household: Married(both parents) _____ Separated _____ Divorced _____ Widowed _____ Single _____ Alternate Custody _____

Known Allergies: _____

Physician to be contacted in case of emergency when parents cannot be reached:

Name: _____ Phone: _____ Insurance: _____

Program Attending (check one): 3's MWF ___ 4's MTTHF ___ 4's MTWTHF ___ (child must be potty trained and the age of their group by 8/31)

Parent/Guardian: _____

Cell Phone: _____

Email: _____

Occupation: _____

Employer: _____

Work Address: _____

Work Phone: _____

Parent/Guardian: _____

Cell Phone: _____

Email: _____

Occupation: _____

Employer: _____

Work Address: _____

Work Phone: _____

Authorized Emergency Pick-ups:

Name: _____ Phone: _____ Relation to Child: _____

Name: _____ Phone: _____ Relation to Child: _____

Name: _____ Phone: _____ Relation to Child: _____

Name: _____ Phone: _____ Relation to Child: _____



Enrollment Waiver

I (the undersigned parent/guardian of the above named student) acknowledge that I have voluntarily applied to Incline Village Nursery School for enrollment and participation of the student in Incline Village Nursery School activities. For myself and on behalf of the student, I release, waive, and hold harmless the InclineVillage Nursery School, its employees, agents, instructors, officers and trustees for injury, death, or damages to the student resulting from the student’s participation in Incline Village Nursery School activities and the ordinary negligence of any employee, agent, or contractor of Incline Village Nursery School; and I agree to indemnify Incline Village Nursery School for any such damages. I authorize Incline Village Nursery School personnel to consent to all emergency medical care to be rendered by duly licensed medical personnel to the student. This care may be given under whatever conditions are necessary to preserve the health and safety of the student.

Signature of Parent or Guardian: _____ Date: _____

Fundraiser Policy

We would like to welcome you and your child to the Incline Village Nursery School. The school is a nonprofit organization. Our fundraisers play a large part in allowing us to offer a quality education with a reasonable tuition. You will be called upon to assist with our major fundraiser, the Trunk or Treat Pumpkin Patch (Fall) of which your participation is mandatory. If a family chooses not to participate, then they will need to pay the \$500 opt out fee. Additional fundraisers may come up throughout the year for which participation is not mandatory, but appreciated. Thank you for your support.

Signature of Parent or Guardian: _____ Date: _____

Rules and Policies

The Incline Village Nursery School (IVNS) Parent Handbook is given to each family. Please sign below confirming that you have read the Parent Handbook in full and agree to the rules and policies discussed within the Handbook.

Parent/Guardian Signature

Date

Parent Contact Information Release

Many parents ask for a list of children in their child’s class and their parent(s) contact information in order to schedule play dates or send e-mail birthday invitations. The Incline Village Nursery School (IVNS) roster will include the child’s name, parent’s name(s), phone number, and e-mail address. Please check below stating whether or not you wish to be included on a class parent contact sheet.

_____ Yes, please include our family on the roster.

_____ No, please do not include our family on the roster.

Parent/Guardian Signature

Date



Website and Photo Usage

The Incline Village Nursery School (IVNS) Web site is ivns.org. To enhance our website photographs of current students may be used on the website. The professional manner in which children will be shown include:

1. Action photos of classroom activities and circle times, both individuals and groups.
2. Students interacting with peers, teachers, volunteers, and family members

We may also occasionally post classroom or student photos on the Incline Village Nursery School Facebook/Instagram page. ***(Student names will not accompany photos)***

Please check your preference:

_____ Yes, I grant IVNS permission to use pictures of my child on the IVNS website or IVNS Facebook page.

_____ No, I do not grant IVNS permission to use pictures of my child on the IVNS website or IVNS Facebook page.

Parent/Guardian Signature

Date

Parent/Guardian Consent for Field & Activity Trips

During the school year Incline Village Nursery School may have opportunities to schedule activities away from school. Parents will be notified of a plan for a field trip at least two weeks in advance of each trip, by written notice of the trip/activity to be sent home with each child, as well as e-mailed to each family. Incline Village Nursery School personnel will take all normal precautions to ensure child safety on all field/activity trips.

Please read and sign the below statement if you authorize Incline Village Nursery School to include your child on a field/activity trip.

I hereby consent to Incline Village Nursery School taking my child _____ on field/activity trips during the school year, and hereby expressly release, indemnify, save and hold harmless the Incline Village Nursery School, the Board of Trustees, and all employees thereof from and against any and all liability or claims arising from injury of damage to person of property or both caused by or resulting from said child's act, omissions or conduct while on said trips. I also release Incline Village Nursery School and personnel from all liability or claims arising from injury or damage suffered or incurred by said child as a result of the acts, omissions, or conduct of any person, other than the gross negligence of the Incline Village Nursery School or its personnel. It is further understood that I shall have the responsibility of advising my child of the risks, which are known or should be known of such trips. I further agree to assume the responsibility of seeing that my child cooperates and conforms to the fullest extent with the school directions and instructions of the school officials in charge during the field/activity trip.

Parent/Guardian Signature

Date



Dear IVNS Families,

We will be using this info for our Star of the Week program, which gives each student their own individual week to be a star. At our Parent Info Night each family who is new to our program will be sent home with a poster kit for their child and then you'll add family photos, drawings, etc, that are special to your child. Each family will be asked to return their child's poster by the middle of September so they can be laminated and placed around the classroom for the duration of the school year. More information will be presented at Parent Info Night. Thank you for being a part of our IVNS family!

All About Me

Child's full name:	
Names and ages of siblings:	
Pets and their names:	
Other household members:	
Favorite color(s):	
Favorite food(s):	
Favorite animal(s):	
Favorite toy(s):	
Favorite outdoor activities:	
Favorite indoor activities:	
Favorite book(s):	



Family Values Survey

Dear IVNS Families,

Please take the time to answer the questions below to help us individualize instruction for your child. Please return the form to school with the rest of your registration paperwork. Thank you!

Child's Name _____ Date _____

1. My child's strengths and interests are:
2. My child's needs are:
3. I would like the teachers to know this about my child:
4. I feel my child has progressed in the following ways over the past 12 months:
5. I would like to see my child specifically improve skills in the following areas:
6. Our family celebrates the following holidays during the year:
7. This is our family heritage, and the traditions/customs we celebrate:
8. We would appreciate it if our child is *not* exposed to specific holidays/traditions while at school. These holidays/traditions are:



We are so excited to get our school year started together! A few things to keep in mind as the new school year approaches:

- **In order to secure your enrollment, you will need to complete the following:**
 - **Meet the teachers and take a tour of IVNS**
 - **Registration Paperwork complete**
 - **Registration Fee of \$100 paid via check, cash, or PayPal (plus fee)**
 - **A Deposit paid via check, cash, or PayPal (plus fee) that equals 1 month tuition**
- The deposit is equal to one month's tuition and will be used to cover May's tuition at the end of the year, if your family needs to withdraw from IVNS for any reason please provide a 45 day notice at which time your deposit will be refunded to your family. Tuition for 2024/2025 is as follows:

2024/2025 Tuition	Cash/Check	PayPal
3 Days	\$660	\$683
4 Days	\$875	\$905
5 Days	\$1040	\$1075

First Week/Month of School quick information

- **First month's tuition is due by the first day of school**
- **We are a nut free school.**
- Payment can be made through our PayPal (with an added fee), a check, or cash.
- Please bring a water bottle labeled with your child's name everyday to school
- Children bring lunch from home every day
- Snacks will be provided by families each week. The sign up calendar is in the hallway!
- Please be sure to follow us on Facebook and Instagram to stay up to date on all things IVNS!
@inclinevillagenurseryschool
- Keep an eye out for info on Back to School Night where we go over our fundraiser, parent handbook, classroom routines, and all school policies
- Any questions please reach out to us at inclinevillagenurseryschool@gmail.com or call us at (775) 831-4040