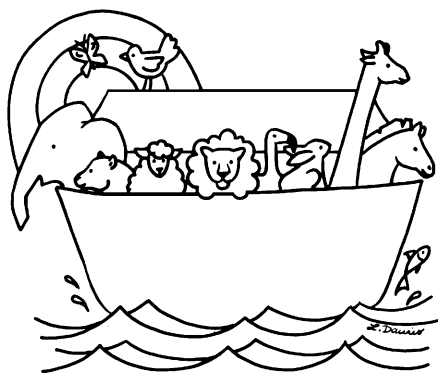


# The Christian Nursery School of Christ Lutheran Church

3384 Island Road  
Wantagh NY 11793  
(516) 679-8425  
Dana Antonette, Director



March 6, 2025

Dear Parents/Guardians,

The Christian Nursery School is pleased to announce its 2025 Summer Program to be held Tuesdays, Wednesdays, and Thursdays from 9AM – Noon from June 24 through July 24. Each week will have a theme expressed through games, crafts, outdoor play and sprinkler days. A snack will be provided every day. (If your child has a food allergy, please note it on the registration form.) Each child will receive a Nursery School t-shirt.

The program is open to potty-trained children 2½-5 years of age who are currently enrolled in a preschool program. Children will be placed in age-specific groups led by a teacher and one or more assistants. If your child receives SEIT services during the academic year, those services must continue during the summer program.

Registration for current Nursery School students will be open through March 15. If there are openings after that date, registration will be opened to the public. If you are new to the school, a medical form must be filled out.

If you are interested in the summer program, please complete the attached application and return it with a non-refundable registration fee of \$75 plus a deposit of \$350 by April 1; the remaining balance is due May 1. A \$25 discount is available for those who pay the full amount by April 1. Please make checks payable to Christ Lutheran Church. If you need to cancel, please do so by June 1 in order to receive a refund of up to \$350. If you have any questions, please feel free to call me. Thank you.

Sincerely,

Dana Antonette  
*Director*

**Christian Nursery School of Christ Lutheran Church  
2025 Summer Program Registration**

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Parent/Guardian Information**

Name(s) of Parent(s)/Guardian(s): \_\_\_\_\_

Parent #1 Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent #2 Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Safety Information**

Person(s) authorized to pick my child up: \_\_\_\_\_

Any allergies, asthma or medical concerns: \_\_\_\_\_

**Emergency Information**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact #1- (not parent)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Emergency Contact #2- (not parent)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Emergency Treatment Consent**

I hereby give my consent that emergency treatment be rendered at a local facility to my child in case of an injury or illness in the event I cannot be reached.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photo Consent**

I give permission to the Christian Nursery School of Christ Lutheran Church to use my child's photo on its Facebook/Instagram page, websites or a newspaper publication. Pictures will not be labeled with names.

Signature \_\_\_\_\_ Date \_\_\_\_\_