



## Welcome to Miss Sue's Nursery School

WHERE YOUNG CREATIVE MINDS GO TO GROW

*We thank you for inquiring about our amazing school. Our four generations of Miss Sue's Family have made a difference in the lives of children and their families for over 65 years! Long Island families have voted and named us the Best Nursery School on Long Island for more than a dozen years.*

*We are now accepting enrollments for the 2023-2024 School Year on a first-come, first-served basis for a limited time at discounted rates. We hope that you consider allowing us to introduce your children to the wonders of our world and help them develop into the unique, creative individuals they are meant to be!*

*If you have any questions please call 516-938-0894 at any time, or email us at [office@MissSues.com](mailto:office@MissSues.com).*

Sincerely,

*The Miss Sue's Family*

331 Mt. Misery Rd., Melville, New York 11747  
[www.mississues.com](http://www.mississues.com) • [office@MissSues.com](mailto:office@MissSues.com) • 516-938-0894

# 2023-2024 ENROLLMENT APPLICATION & CONTRACT

**Half Day**      **&**      **Full Day**  
**9am until 12 noon**      **9am until 3pm**

Call for Information About  
**EXTENDED HOURS:**  
7:30am until 5:30pm!

## REGISTER NOW & SAVE – TUITION WILL INCREASE AFTER 9/30/2023

### For 9am - 12pm Sessions:

- 2 Days (Tues & Thurs) \$740 per installment\*
- 3 Days (Mon-Wed-Fri) \$1030 per installment\*
- 4 Days (Your Choice) \$1150 per installment\*
- 5 Days (Mon thru Fri) \$1250 per installment\*

### For 9am - 3pm Sessions:

- 2 Days (Tues & Thurs) \$1140 per installment\*
- 3 Days (Mon-Wed-Fri) \$1570 per installment\*
- 4 Days (Your Choice) \$1765 per installment\*
- 5 Days (Mon thru Fri) \$1890 per installment\*

**Check here for Bus Transportation (additional fee of 20% per registered installment).**

### Extended Day Hours – Call For Information

**\*AGREEMENT:** Yearly tuition is paid in 10 installments. The first installment is due upon registration, and installments thereafter are due 9/1, 10/1, 11/1, 12/1, 1/1, 2/1, 3/1, 4/1 and 5/1. Tuition for children starting after the school year begins will have the number of tuition installments pro-rated based on their start date. A 3% service charge will be added for all payments made by debit or credit card. There will be a 5% discount for each additional child after the first child in the same family. Miss Sue's reserves the right to cancel this contract in the event of delinquent payment as determined by Miss Sue's, and I agree to pay all legal fees incurred during any collection process. A 1% per month late charge will be applied to my account if it becomes past due by 30 days. I will pay Miss Sue's a \$25 service charge for all checks returned by my bank for non-payment. I understand that no refunds will be made for school closings, absences, or extended vacations. I will allow the school physician to administer to my child in case of emergency. I agree to allow Miss Sue's to use any photos of my child or any letters that I may send to the school for promotional purposes. Miss Sue's Nursery School, Inc. is chartered and licensed by the New York State Education Department located in Albany, New York, and the Nassau County Health Department located in Mineola, New York. I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Nassau County, New York, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state. The arbitrator and not any federal, state or local court or agency shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or violable.

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

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

1) Parent's Name \_\_\_\_\_ Work # \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

2) Parent's Name \_\_\_\_\_ Work # \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent Email 1 \_\_\_\_\_ Parent Email 2 \_\_\_\_\_

3) Other \_\_\_\_\_ Relationship \_\_\_\_\_ Work # \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

4) Other \_\_\_\_\_ Relationship \_\_\_\_\_ Work # \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

5) Physician \_\_\_\_\_ Phone # \_\_\_\_\_

**Parent's signature below indicates agreement to the conditions and terms set forth above:**

\_\_\_\_\_ Date \_\_\_\_\_