

4 Corners Community Nursery, Inc.  
27 University Blvd E  
Silver Spring, Maryland 20901  
301-681-9520

February 2010

Dear Perspective 4CCN Family,

Attached is the 2010-11 registration form for 4 Corners Community Nursery. We have secured a location at Calvary Lutheran Church in Silver Spring; we currently do not have a signed contract.

We are confident that we will have a signed contract in the next few months. However, if the contract falls through, any money collected for registration fees or tuition deposit, will be fully refunded.

Again, we are confident that there will be a full contract for the 2010-2011 school year.

Regards,

Susie Ostermeyer  
Director

**THREE YEAR OLD PROGRAM – 2010--2011  
4 CORNERS COMMUNITY NURSERY, INC.**

Since 1969, 4 Corners Community Nursery has provided a safe, warm and loving environment for two, three and four year olds and a program that will stimulate them socially, emotionally, physically and intellectually.

**HOURS:** Nursery hours are 9:15 a.m. to 1:15 p.m. Three year old classes meet on MWF or TTH.

**ENROLLMENT:** Applications for enrollment are welcome from all children in the community. Application for admission will require a copy of your child's **birth certificate**, a completed registration form, and a **registration fee of \$50.00, which is non-refundable**. Also required at the time of registration is the **May 2011 tuition** (to be held in an escrow-like account until May 2011), which **may be** refundable providing specific conditions are adhered to. Children enrolled in the program must have reached their third birthday by September 1, 2010. The Director reserves the right to request withdrawal of any child at any time for reasons deemed necessary by her.

**TUITION:** The tuition for the two-day-a-week program will be \$2430.00 annually, which is payable in monthly installments of \$270.00, September through April (May is paid at registration). The tuition for the three-day-a-week program will be \$2970.00 annually, which is payable in monthly installments of \$330.00, September through April (May is paid at registration). The Director may be consulted regarding emergency assistance in special cases of financial need.

**MEDICAL EXAMINATION:** No child shall be admitted to the nursery without a completed written report of medical examination. The report must be completed on a standardized form supplied by the Maryland State Health Department, and will be given to you at the time of registration. Children already enrolled and returning for another year do not need to complete a new form.

**HAZARD INSURANCE:** Each child attending our nursery is covered by an insurance policy. This policy covers each child while on the premises during school hours and on field trips.

**LUNCH:** Each child shall bring a bag lunch and we will furnish milk at lunchtime. A mid-morning nutritious snack will also be served.

Each child will also need to bring a medium sized bath towel to be used as a rest mat.

**HOLIDAYS:** Montgomery County school holidays will be observed, as well as full day in-service and inclement weather days. Late and early closings, due to inclement weather, will also be observed.

**ABSENCES:** No adjustment of fees can be made for absences. This ruling is necessary because of our continuing expenses, such as salaries, supplies, etc.

**VOLUNTEER REQUIREMENTS:** All families (or an adult representative of the family) will be required to do a minimum of 4 volunteer hours at both the spring and the fall consignment sale.

Your child's final acceptance into the 4CCN program is conditional upon receipt of the medical form which is due in the nursery office **no later than June 1, 2010**.

**ASK ABOUT OUR PROGRAM FOR TWO YEAR OLDS!**

***CELEBRATING OUR 42<sup>nd</sup> YEAR***

NOTICE OF NONDISCRIMINATION

4CCN admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and other school-administered programs.

The program at 4 Corners Community Nursery offers many opportunities for the social development of children through a variety of age appropriate activities. It also offers opportunities for children to develop listening skills, to improve attention span, to learn to follow directions, to learn independent thinking, to practice problem solving skills and to begin building a foundation in reading and mathematics, while growing in confidence and self-esteem.

These skills are enhanced through:

Language Arts – the use of stories, finger plays and flannel boards help children make the first connection between the spoken word and the printed word. This also enhances vocabulary development, visual discrimination and alphabet recognition.

Dramatic Play – encourages children to engage in imaginative and creative play, by exploring the roles of many different people.

Math – counting, sorting, classifying, weighing and measuring, help children develop early math skills such as number concepts, number recognition and whole/part relationships.

Manipulatives – puzzles, beads and other table toys help children develop eye-hand coordination, a skill needed for reading.

Social Studies – celebrating holidays, field trips and visits from community workers (dentist, police, fire and rescue, 911) enhance a child's awareness of the world around them.

Art – arts and crafts, painting, drawing, coloring, cutting and gluing, encourage a child's creative expression while reinforcing eye-hand coordination.

Music – musical activities help children develop listening skills, improve attention span and coordination, as well as experiencing creative expression and an awareness of self.

Health and Safety – children learn personal hygiene (handwashing and bathroom skills) and personal safety, as well as learning to respect the safety of others.

4 CORNERS COMMUNITY NURSERY REGISTRATION FORM

2010-2011

301-681-9520

www.4ccn.org

For Staff Use:

Date Received

Tu \_\_\_\_\_

Re \_\_\_\_\_

Total \_\_\_\_\_

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex \_\_\_\_\_

Name child is to be called: \_\_\_\_\_ Completely Toilet Trained? Yes \_\_\_ No \_\_\_

Birthdate: \_\_\_\_\_ Present Age: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Name of Community: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other children in the family, and their ages:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Days you prefer child to attend:

THREE YEAR OLDS

Three-day Program

Two-day Program

Mon. Wed. Fri. \_\_\_\_\_

Tue. & Thurs. \_\_\_\_\_

Registration Fee of \$50 (non-refundable), plus a month's tuition (to be held in escrow until May 2011) and a copy of a birth certificate is attached.

Note Check # \_\_\_\_\_. Please make checks payable to: 4 Corners Community Nursery.

I wish my child to attend this program and WILL BE RESPONSIBLE FOR THE TUITION. If it is necessary to withdraw my child, I will notify the Director in writing 30 days in advance or forfeit the tuition being held in escrow.

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Pertinent data about the child's physical and mental health that would be helpful to the Director or Teacher:

Other Remarks:

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Again, we are confident that there will be a full contract for the 2010-2011 school year.

Regards,

Susie Ostermeyer  
Director

**FOUR YEAR OLD PROGRAM – 2010-2011**  
**4 CORNERS COMMUNITY NURSERY, INC.**

Since 1969, 4 Corners Community Nursery has provided a safe, warm and loving environment for two, three and four year olds and a program that will stimulate them socially, emotionally, physically and intellectually.

**HOURS:** Nursery hours are 9:15 a.m. to 1:15 p.m. Four year old classes meet on MWF or MTWTHF.

**ENROLLMENT:** Applications for enrollment are welcome from all children in the community. Application for admission will require a copy of your child's **birth certificate**, a completed registration form, and a **registration fee of \$50.00, which is non-refundable**. Also required at the time of registration is the **May 2011 tuition** (to be held in an escrow-like account until May 2011), which **may be** refundable providing specific conditions are adhered to. Children enrolled in the program must have reached their fourth birthday by September 1, 2010. The Director reserves the right to request withdrawal of any child at any time for reasons deemed necessary by her.

**TUITION:** The tuition for the three-day-a-week program will be \$2970.00 annually, which is payable in monthly installments of \$330.00, September through April (May is paid at registration). The tuition for the five-day-a-week program will be \$4050.00 annually, which is payable in monthly installments of \$450.00, September through April (May is paid at registration). The Director may be consulted regarding emergency assistance in special cases of financial need.

**MEDICAL EXAMINATION:** No child shall be admitted to the nursery without a completed written report of medical examination. The report must be completed on a standardized form supplied by the Maryland State Health Department, and will be given to you at the time of registration. Children already enrolled and returning for another year do not need to complete a new form.

**HAZARD INSURANCE:** Each child attending our nursery is covered by an insurance policy. This policy covers each child while on the premises during school hours and on field trips.

**LUNCH:** Each child shall bring a bag lunch and we will furnish milk at lunchtime. A mid-morning nutritious snack will also be served.

Each child will also need to bring a medium sized bath towel to be used as a rest mat.

**HOLIDAYS:** Montgomery County school holidays will be observed, as well as full day in-service and inclement weather days. Late and early closings, due to inclement weather, will also be observed.

**ABSENCES:** No adjustment of fees can be made for absences. This ruling is necessary because of our continuing expenses, such as salaries, supplies, etc.

**VOLUNTEER REQUIREMENTS:** All families (or an adult representative of the family) will be required to do a minimum of 4 volunteer hours at both the spring and the fall consignment sale.

Your child's final acceptance into the 4CCN program is conditional upon receipt of the medical form which is due in the nursery office **no later than June 1, 2009**.

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***CELEBRATING OUR 42<sup>nd</sup> YEAR***

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Health and Safety – children learn personal hygiene (handwashing and bathroom skills) and personal safety, as well as learning to respect the safety of others.

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2010-2011**

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For Staff Use:

Date Received \_\_\_\_\_  
Tu \_\_\_\_\_  
Re \_\_\_\_\_  
Total \_\_\_\_\_

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex \_\_\_\_\_

Name child is to be called: \_\_\_\_\_ Completely Toilet Trained? Yes \_\_\_\_\_ No \_\_\_\_\_

Birthdate: \_\_\_\_\_ Present Age: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Name of Community: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other children in the family, and their ages:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Days you prefer child to attend:

**FOUR YEAR OLDS**

Three-day Program

Five-day Program

Mon. Wed. Fri. \_\_\_\_\_

MTWTHF \_\_\_\_\_

Registration Fee of \$50 (non-refundable), plus a month's tuition (to be held in escrow until May 2011) and a copy of a birth certificate is attached.

Note Check # \_\_\_\_\_. Please make checks payable to: **4 Corners Community Nursery**.

I wish my child to attend this program and **WILL BE RESPONSIBLE FOR THE TUITION**. If it is necessary to withdraw my child, I will notify the Director **in writing** 30 days in advance or forfeit the tuition being held in escrow.

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Pertinent data about the child's physical and mental health that would be helpful to the Director or Teacher:

Other Remarks: