

4CCN ENROLLMENT INFORMATION

Three-year-old Program: 2024-2025

4 CORNERS COMMUNITY NURSERY, INC.

801 University Blvd. W, Silver Spring, MD 20901

(301) 681-9520

www.4ccn.org | MSDE License #157045

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. We offer a three-day-a-week program on Mondays, Wednesdays and Fridays, a two-day-a-week program on Tuesdays and Thursdays, and a five-day-a-week option is available.

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 \$90, which is non-refundable**. Also required at the time of registration is the **May 2025 tuition** (to be held in an escrow-like account until May 2025), which **may be refundable prior to August 1st or with a 30-day notice after August 1st**. Children enrolled in the program must have reached their third birthday by September 1, 2024. 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 \$3,510.00 annually, which is payable in monthly installments of \$390.00, September through April (May is paid at registration). The tuition for the three-day-a-week program will be \$4,410.00 annually, which is payable in monthly installments of \$490.00, September through April (May is paid at registration). The tuition for the five-day-a-week program will be \$5,400.00 annually, which is payable in monthly installments of \$600.00, September through April (May is paid at registration). The Director may be consulted regarding tuition assistance based on 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. 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, 2024**.

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.

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. If you have more than 1 child enrolled you are required to do a minimum of 6 hours at each sale.

CELEBRATING OUR 56th 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.

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CURRICULUM OVERVIEW

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, (hand washing and bathroom skills) and personal safety as well as learning to respect the safety of others.

4CCN ENROLLMENT APPLICATION

Parents, Please Select One:

- We are a new family to 4CCN.
- We are an alumni family.
- Child is current/returning student.

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For Staff Use:

Date Rec'd: _____

Tu: _____

Re: _____

Total: _____

About Your Child — General Information

Child's Full Name: _____

DOB (mm/dd/year): _____

Gender (M/F): _____

Current Age: _____

Completely Toilet Trained (Y/N - Plus any comments): _____

Race & Ethnicity (Plus any comments): _____

Religious Preference (Plus any comments): _____

Previous Enrollment at a Childcare Center? (Y/N - Where?): _____

Who referred you to 4CCN: _____

Child's Physician: Name Phone # _____

Your Child's Development

List or Describe any Concerns Regarding Development: _____

Your child is: Typically Developing

Special Needs

Does your child require medication during the day?
(Y/N - Type and Freq.): _____

Is your child receiving services?
(Y/N - Type and Freq.): _____

About You — General Guardian Information

1. Name and Relationship to Child: _____

Home Address (Street, City, State, Zip): _____

Email Address: _____

Please Check if Child's Primary Residence

Employer (City, State) and Position/Field: _____

Home #: _____

Work #: _____

Cell #: _____

2. Name and Relationship to Child: _____

Home Address (Street, City, State, Zip): _____

Email Address: _____

Please Check if Child's Primary Residence

Employer (City, State) and Position/Field: _____

Home #: _____

Work #: _____

Cell #: _____

Other Children in the Family

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Days You Prefer Child to Attend *Please select one:*

Three-day Program (M/W/F)

Two-day Program (T/Th)

Five-day Program

Other Pertinent Information

Please add any additional information or remarks about your child's physical and mental health that would be helpful to the Director or Teacher. Please write on the back of this paper or include an attachment with your application.

Your Signature

I wish my child to attend this program and **WILL BE RESPONSIBLE FOR THE MONTHLY 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.

Signature _____

Date _____

Don't forget to include your: (1.) Registration fee of \$90 (non-refundable); plus (2.) one month's tuition (to be held in escrow until May 2025); and (3.) a copy of your child's birth certificate. Please make checks payable to **4CCN**. (Note: Check# _____)