

# New Families

Batavia Nursery School  
Congregational Church of Batavia  
21 S. Batavia Ave.  
Batavia, IL 60510  
(630) 879-9470  
Email: [office@batavianurseryschool.org](mailto:office@batavianurseryschool.org)

January 2025

Dear Parents:

Thank you for inquiring about Batavia Nursery School. We are happy to hear that you are considering enrolling your child in our preschool! During the month of January, if you would like to schedule a tour to see our school and classrooms "in action," you may call or email the office to make an appointment. We also will be happy to meet you at our open house for prospective students, which is scheduled for Tuesday, January 28, from 5:30 to 6:30 p.m. The open house is a wonderful opportunity to see our school and to meet our teachers.

Enclosed is an application for the 2025-2026 school year. To register your child for preschool, you will need to return the completed application along with the registration fee. Registration fees are as follows:

- First-time student fee: \$ 100.00
- Family Maximum new students: \$ 175.00

Please keep in mind that the registration fee is non-refundable. Our school handbook (you will receive this when school begins) details the due dates for the **nine** tuition payments. The first payment is due by May 31. Remaining payments are due September 30 and the last day of each subsequent month through April.

- Open Registration begins on Saturday, February 1 at 9 a.m. Registration is done by email. Please include name, birthday and 1<sup>st</sup> and 2<sup>nd</sup> choice of class preference.

Registration applications are processed in the order that they are received. You will receive a phone call from the director that day verifying your registration. You will have one week (Saturday, February 8) to turn in your child's application and registration fee. After those have been received, you will receive written confirmation and a medical form (which is valid for 2 years). A tuition bill will be sent to you during the month of May.

Pam Foelske  
Director

# Batavia Nursery School

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21 S. Batavia Ave., Batavia, Illinois 60510  
(630) 879-9470

Email: [office@batavianurseryschool.org](mailto:office@batavianurseryschool.org)

## Classes Offered: 2025-2026

Three Year Olds	Must be three by 9/1/25	
T/TH	9:00-11:15	\$190 per month
M/W/F	9:00-11:15	\$225 per month
Four Year Olds	Must be four by 9/1/25	
M/W/F	9:00-11:30	\$225 per month
M/T/W/TH	9:00-11:30	\$265 per month
Pre-Kindergarten	Must be five by 1/1/26	
M/T/W/TH	9:00-11:30	\$265 per month

## Non-Refundable Registration Fees

Returning Student	\$80
Family Maximum Returning Student	\$140
New Student	\$100
Family Maximum New Student	\$175

## EXTENDED PLAY

Parents may enroll their child in the extended play program which is offered Monday-Thursday. Children bring their lunch and stay until 2:00 p.m. Sign-up is per month at the cost of \$25.00 per day.

## ENRICHMENT

Enrichment classes are offered throughout the school year, based on teacher availability. Classes meet in 4-week sessions. Topics may include cooking, baking science and fitness. The cost per session is \$125.

## SUMMER CAMP

Camp is offered throughout the summer months Monday-Thursday. Each week we will have a specific theme. The cost per week is \$125.

## Come and See Our School in Action!!

Tours are available on Tuesday and Thursday mornings. To schedule a tour, please call us at (630) 879-9470 or email us at: [office@batavianurseryschool.org](mailto:office@batavianurseryschool.org).

Tours will include visiting ongoing classes and seeing our building. You are welcome to bring your child along. Pre-registration is available to church members, alumni families and students who are currently attending BNS.



### Open House

Please join us for an Open House for prospective students and families:

Tuesday, January 28, from 5:30-6:30 p.m.

This will be an opportunity for you to view our classrooms and meet our staff. We will be happy to answer any questions that you may have prior to the open registration date of February 1.

**Batavia Nursery School**  
**2025-2026 Enrollment Application**  
Application must be completed and signed to be processed

Child's Name \_\_\_\_\_  
Last First Middle Name

Parent's Names \_\_\_\_\_ Marital Status \_\_\_\_\_

Home Address \_\_\_\_\_  
Address City State Zip Code

Child's Birth Date \_\_\_/\_\_\_/\_\_\_ Child's Sex M F

Preferred Email Address \_\_\_\_\_

Please indicate how you would like your child to recognize their first name as **written** \_\_\_\_\_

Provide information below for the two individuals who have primary **legal** responsibility for this child:

Name	_____	_____
Relationship to child	_____	_____
Cell Phone Number	_____	_____
Employer	_____	_____
Business Phone Number	_____	_____

Indicate class choice, numbering class choices in order of preference beginning with 1. If your first choice is not available, we will place your child in the second choice as well as the waiting list for first choice. The registration fee is non-refundable. The parent/guardian will receive written confirmation of class assignment. Cut-off dates for entry into preschool conform to the Illinois laws mandating public school entry dates.

**Three-Year-Old Classes:**  
**Must be 3 by 9/1/25**

\_\_\_ Tuesday, Thursday 9:00-11:15 a.m.  
\_\_\_ Monday, Wednesday, Friday 9:00-11:15

**Four-Year-Old Classes:**  
**Must be 4 by 9/1/25**

\_\_\_ Monday, Wednesday, Friday 9:00-11:30  
\_\_\_ Monday, Tuesday, Wednesday, Thursday 9:00-11:30

**Pre-Kindergarten Classes:**

**Must be 5 by 1/1/26 \*Priority given to students needing a growth year/teacher recommendation**

\_\_\_ Monday, Tuesday, Wednesday, Thursday 9:00-11:30

**Tuition:            2 days per week: \$190            3 days per week: \$225            4 days per week: \$265**

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Sibling's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**The following information is used to identify if further forms or releases are needed to serve your child's needs:**

- Does this child have allergies? ..... Yes\_\_\_ No\_\_\_  
If yes, please list \_\_\_\_\_
- Does this child have any physical needs that require adaptations?  
(Glasses, hearing aids)..... Yes\_\_\_ No\_\_\_
- Does this child have a diagnosed medical condition? ..... Yes\_\_\_ No\_\_\_  
If yes, please list \_\_\_\_\_
- Does this child receive any services or therapy.....Yes\_\_\_ No\_\_\_
- If so, please list \_\_\_\_\_
- Has this child attended an Early Childhood Screening? ..... Yes\_\_\_ No\_\_\_

**The following information is used by classroom teachers as preparation for instructing your child:**

- Does this child tend to be right \_\_\_or left \_\_\_handed
- Has this child previously attended preschool.....Yes\_\_\_ No\_\_\_
- If yes, where? \_\_\_\_\_
- Would you consider this child outgoing or shy? \_\_\_\_\_
- Where will this child attend elementary school? \_\_\_\_\_

**Please tell us how you first heard about Batavia Nursery School:** \_\_\_\_\_

The above information is true and complete as stated. I will inform the office of any changes to this information.

Signature of  
Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_