ENDICOTT FIRST PRESBYTERIAN NURSERY SCHOOL
29 GRANT AVENUE, ENDICOTT, NEW YORK 13760
607-748-1744 Email: fpced@stny.rr.com
2009-2010 REGISTRATION FORM
for 4-year-old classes

CHILD'S NAME:_____NICKNAME:_____DOB_____

HOME ADDRESS:_____
Street City State Zip

HOME PHONE: _____ Cell Phone: _____ Email: _____

MOTHER'S NAME_____ WORKPLACE_____ WORK PHONE_____

FATHER'S NAME_____WORKPLACE_____WORK PHONE_____

DOES CHILD LIVE WITH BOTH PARENTS? Yes / No Gender M / F IEP Yes/ No Ethnicity Asian/Black/Hispanic/White

RELATIVE OR NEIGHBOR TO CALL IF PARENTS CANNOT BE REACHED:

NAME_____ RELATIONSHIP _____ PHONE_____

NAME_____ RELATIONSHIP _____ PHONE_____

NAMES OF THOSE WHO MAY PICK CHILD UP FROM SCHOOL (if different from above listed contacts):

NAME_____ RELATIONSHIP _____ PHONE_____

NAME_____ RELATIONSHIP _____ PHONE_____

Child's Doctor: _____ Phone Number:_____ Hospital Preference_____

ALLERGIES OR OTHER HEALTH PROBLEMS, DIETARTY RESTRICTIONS ETC:

NAMES OF BROTHERS OR SISTERS AND DATE OF BIRTH:

1. _____ DATE OF BIRTH: _____

2._____ _____

3._____ _____

PLEASE PUT a "1" or "2" to indicate your first and second choice. Note: Actual classes offered will depend on enrollment.

_____ Mon. Wed. Fri. MORNING GROUP (Fee is $130 per month)

_____ 5 days per week MORNING GROUP (Fee is $225 per month)

_____ 5 days per week AFTERNOON GROUP (Fee is $225 per month)

_____ Tues. Thurs. MORNING TRANSITIONAL (for younger 4-year olds - born 11/1/05 - 3/31/06) (Fee is $110/month)

____ YES, I HAVE ENCLOSED THE $50 REGISTRATION FEE WHICH IS NON-REFUNDABLE & DOES NOT APPLY TOWARD TUITION.
Fee for family with two or more children registered is $55.

Checks should be made payable to Endicott First Presbyterian Nursery School.

DATE _____ PARENT'S SIGNATURE _____

Please return this form as soon as possible to Endicott First Presbyterian Nursery School, 29 Grant Avenue, Endicott, NY 13760