



Office use only:
Rec'd by: _____
Date: _____
Payment: _____

3 Year Old Class REGISTRATION FORM for 2018-2019
607-748-1744 Email: NurserySchool@FirstPresEndicott.org

CHILD'S NAME: _____ NICKNAME: _____ Gender: M / F DOB _____

HOME ADDRESS: _____
Street City State Zip

PRIMARY PHONE: _____ EMAIL: _____

MOTHER'S NAME _____ WORKPLACE _____ WORK PHONE _____
CELL PHONE _____

FATHER'S NAME _____ WORKPLACE _____ WORK PHONE _____
CELL PHONE _____

DOES CHILD LIVE WITH BOTH PARENTS? Yes / No DOES CHILD HAVE AN Individual Educational Plan (IEP)? Yes / No

RACE (Mark all the groups that apply to your child; Mark at least one please):

- Asian Black/African American Hispanic/Latino White
 American Indian or Alaska Native Native Hawaiian/Other Pacific Islander

Primary Language: _____ Elementary School: _____

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 _____

MEDICAL: *Please list any special needs OR developmental concerns your child might have under the allergies and health concerns section below?*

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

ALLERGIES, HEALTH CONCERNS, DIETARY RESTRICTIONS, DEVELOPMENTAL CONCERNS, ETC:

(OVER PLEASE)

Please put a 1,2, & 3 to indicate your first, second, & third choice for your desired class schedule.
* Please note: Actual classes offered will depend on enrollment.

TWO DAY/WK. PROGRAM (\$140./mo.)

- _____ Tues./Thurs. MORNING GROUP (9:00-11:30am)
- _____ Tues. /Thurs. AFTERNOON GROUP (12:30-3:00pm)
- _____ Mon. /Wed. AFTERNOON GROUP (12:30-3:00pm)

THREE DAY/WK. PROGRAM (\$170./mo.)

- _____ Mon./Wed./Fri. MORNING PROGRAM (9:00-11:30am)
- _____ Mon./Wed./Fri. AFTERNOON PROGRAM (12:30-3:00pm)

_____ YES, I HAVE ENCLOSED THE \$50 REGISTRATION FEE WHICH IS NON-REFUNDABLE AND DOES NOT APPLY TOWARD THE TUITION. FEE FOR A FAMILY WITH TWO CHILDREN REGISTERING IS \$55 TOTAL. FEE MAY BE PAID VIA CASH OR CHECK PAYABLE TO: ENDICOTT FIRST PRESBYTERIAN NURSERY SCHOOL.

DATE _____ PARENT/GUARDIAN SIGNATURE _____

Please return this form to: **Endicott First Presbyterian Nursery School, 29 Grant Avenue
Endicott, NY 13760**



DID A FAMILY REFER YOU TO US? If so, we would like to thank them by entering their name in a September 2018 drawing for one of three \$100. Wegman's gift cards!
Please state their name and phone number:

Referring family: _____

Best phone # to reach them at if they win: _____



IF YOU ARE REGISTERING BETWEEN JANUARY - MARCH 2018, THANK YOU AND CONGRATULATIONS! WE WOULD LIKE TO TREAT YOUR CHILD TO A FREE FIRST PRES. NURSERY SCHOOL T-SHIRT! YOU WILL BE CONTACTED WHEN IT IS READY! WHAT IS YOUR CHILD'S SHIRT SIZE? _____

XS - 2T-3T S - 4T-5T M - 6-8 YOUTH L - 10-12 YOUTH



**PLEASE MARK YOUR CALENDAR FOR ENDICOTT 1ST PRES. NURSERY SCHOOL'S
OPEN HOUSE - AND INVITE A FAMILY RESEARCHING PRESCHOOLS!
FRIDAY, MARCH 23, 2018 @ 6:00 - 7:30 pm.**