



*Office use only:*  
Rec'd by: \_\_\_\_\_  
Date: \_\_\_\_\_  
Payment: \_\_\_\_\_

**3 Year Old Class REGISTRATION FORM for 2019-2020**  
**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 (\$150./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 (\$180./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**

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**DID A FAMILY REFER YOU TO US? If so, we would like to thank them by entering their name in a September 2019 drawing for a \$100 Wegman's gift card!**  
Please state their name and phone number:

Referring family: \_\_\_\_\_

Best phone # to reach them at if they win: \_\_\_\_\_

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**IF YOU ARE REGISTERING BETWEEN JANUARY - MARCH 2019, 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**

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**PLEASE BE ON THE LOOK-OUT FOR INFO. ON ENDICOTT 1<sup>ST</sup> PRES. NURSERY SCHOOL'S OPEN HOUSE IN MARCH!**