



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

4 Year Old Class REGISTRATION FORM for 2017-2018
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 _____

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

Does child live with both parents? Yes / No Does child have an **Individualized Education Plan (IEP)**? Yes / No

Primary Language: _____ Future 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 _____

NAME _____ RELATIONSHIP _____ PHONE _____

MEDICAL:

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

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

(OVER PLEASE)

Please mark with a "1" & "2" to indicate your first and second choice for your desired schedule.

_____ Mon., Wed., Fri. MORNING GROUP (Tuition = \$165 per month)

_____ Mon., Wed., Fri. AFTERNOON GROUP (Tuition = \$165 per month)

_____ 5 days per week MORNING GROUP (Tuition = \$240 per month)

_____ 5 days per week AFTERNOON GROUP (Tuition = \$240 per month)

_____ 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 2017 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: _____

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IF YOU ARE REGISTERING BETWEEN JANUARY - MARCH 2017, THANK YOU AND CONGRATULATIONS! WE WOULD LIKE TO TREAT YOUR CHILD TO A FREE FIRST PRES. NURSERY SCHOOL T-SHIRT! WHAT IS YOUR CHILD'S SHIRT SIZE? _____ YOU WILL BE CONTACTED WHEN IT IS READY!

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**PLEASE MARK YOUR CALENDAR FOR ENDICOTT 1ST PRES. NURSERY SCHOOL'S
OPEN HOUSE - AND INVITE A FAMILY RESEARCHING PRESCHOOLS!
FRIDAY MARCH 10TH 6:30 - 8pm featuring the lively and entertaining "Johnny Only!"**