

**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 Who Reside in Union Endicott School District**

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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, DIETARY RESTRICTIONS ETC:

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NAMES OF BROTHERS OR SISTERS AND DATE OF BIRTH:

1. \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**THIS FORM IS FOR RESIDENTS OF UNION ENDICOTT SCHOOL DISTRICT ONLY**

CHILDREN WHO LIVE IN UNION ENDICOTT SCHOOL DISTRICT AND WILL TURN 4 BETWEEN DECEMBER 2, 2008 AND DECEMBER 1, 2009 WILL AUTOMATICALLY BE PLACED IN THE UNIVERSAL PRE-KINDERGARTEN PROGRAM FOR UNION-ENDICOTT. FUNDING FOR UPK MUST BE APPROVED BY THE NYS LEGISLATURE AND THE UNION-ENDICOTT SCHOOL BOARD BEFORE THE PROGRAM CAN BEGIN EACH YEAR.

Please put a "1" or "2" to indicate your first and second preference of class.

\*Note: UPK CLASSES MEET FIVE DAYS PER WEEK WILL HAVE THEIR TUITION PAID BY UNION ENDICOTT SCHOOL DISTRICT.

\_\_\_\_\_ 5 days per week **MORNING GROUP**  
\_\_\_\_\_ 5 days per week **AFTERNOON GROUP**

DATE \_\_\_\_\_ PARENT'S SIGNATURE \_\_\_\_\_

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