

ENDICOTT FIRST PRESBYTERIAN NURSERY SCHOOL

29 GRANT AVENUE, ENDICOTT, NEW YORK 13760

607-748-1744 Email: fpced@stny.rr.com

2010-2011 REGISTRATION FORM

for 4-year-olds Who Reside in Union Endicott School District

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:

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 (A UE FORM IS ALSO NEEDED TO BE SIGNED AND RETURNED WITH THIS FORM. YOU MUST CHECK A SITE ON THE NEXT FORM.)

CHILDREN WHO LIVE IN UNION ENDICOTT SCHOOL DISTRICT AND WILL TURN 4 BETWEEN DECEMBER 2, 2009 AND DECEMBER 1, 2010 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.** THIS FORM EXPRESSES YOUR INTEREST AND IS NOT OFFICIAL UNTIL THE UNION-ENDICOTT SCHOOL ADOPTS THE PROGRAM FOR 2010-11 AND ENTERS INTO A CONTRACT WITH THE FPC NURSERY SCHOOL FOR NEXT 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