|  |
| --- |
| ***Office use only:*****Rec’d by:\_\_\_\_\_\_\_\_****Date:\_\_\_\_\_\_\_\_\_\_\_****Payment:\_\_\_\_\_\_\_\_** |

****

 **3 Year Old Class REGISTRATION FORM for 2021-2022**

 **607-748-1744 Email: educationdirector@endicottpreschool.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 ($175./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 ($200./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 UNLESS RECEIVING SCHOLARSHIP ASSISTANCE. FEE FOR A **FAMILY WITH TWO CHILDREN REGISTERING IS $55 TOTAL. FEE MAY BE PAID VIA CASH OR CHECK PAYABLE TO: ENDICOTT PRESCHOOL.**

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to: **Endicott Preschool, 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 2021 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_