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

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 **4 Year Old/Pre-K Program REGISTRATION FORM for 2021-22**

 **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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\_\_\_\_\_\_\_\_\_\_\_\_

**(OVER PLEASE)**

 **ALLERGIES, HEALTH CONCERNS, DIETARY RESTRICTIONS, DEVELOPMENTAL CONCERNS, ETC:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_ Mon., Wed., Fri. ***MORNING*** GROUP (Tuition = $200 per month)

\_\_\_\_\_\_ Mon., Wed., Fri. ***AFTERNOON*** GROUP (Tuition = $200 per month)

\_\_\_\_\_\_ 5 day per week ***MORNING*** GROUP (Tuition = $275 per month)

\_\_\_\_\_\_ 5 day per week ***AFTERNOON*** GROUP (Tuition = $275 per month)

\_\_\_\_\_\_\_\_\_ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_