



Endicott Preschool

A Heart for Our Communities

Office use only:

Rec'd by: _____

Date: _____

Payment: _____

4 Year Old/Pre-K Program REGISTRATION FORM for 2023-24
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 = \$235. per month)

_____ Mon., Wed., Fri. AFTERNOON GROUP (Tuition = \$235. per month)

_____ 5 day per week MORNING GROUP (Tuition = \$325. per month)

_____ 5 day per week AFTERNOON GROUP (Tuition = \$325. 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**
