



# Endicott Preschool

A Heart for Our Communities

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

### 3 Year Old Class REGISTRATION FORM for 2024-2025

Ph. 607-748-1744 / Fax 607-748-1545 Email: [educationdirector@endicottpreschool.org](mailto: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 (\$210. per month\*/\$205. cash or check)**

\_\_\_\_\_ Tues./Thurs. MORNING GROUP (8:55-11:30am)

\_\_\_\_\_ Tues. /Thurs. AFTERNOON GROUP (12:30-3:05pm)

**THREE DAY/WK. PROGRAM (\$246. per month\*/\$240. cash or check)**

\_\_\_\_\_ Mon./Wed./Fri. MORNING PROGRAM (8:55-11:30am)

\_\_\_\_\_ Mon./Wed./Fri. AFTERNOON PROGRAM (12:30-3:05pm)

\*For your convenience, monthly tuition may be made via our website [EndicottPreschool.org](http://EndicottPreschool.org), Venmo, or an in-person credit card payment at the preschool office.

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

