

Office use only:
Rec'd by:
Date:
Payment:

Zip

## 4 Year Old/Pre-K Program REGISTRATION FORM for 2024-25 Ph. 607-748-1744 / Fax 607-748-1545 Email: educationdirector@endicottpreschool.org CHILD'S NAME: \_\_\_\_\_\_ Gender: M / F DOB\_\_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_ City Street State 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

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Primary Language:	Future Elementary	/ School:	
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# RELATIVE OR NEIGHBOR TO CALL IF PARENTS CANNOT BE REACHED: NAME\_\_\_\_\_\_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: Hospital Preference	
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(OVER PLEASE)

ALLERGIES	, HEALTH CONCERNS,	DIETARY RESTRICTIONS,	DEVELOPMENTAL CONCERNS	ETC:
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Please mark with a 1 & 2 to indicate your first & second choice for your desired class schedule. Morning sessions begin drop off at 8:50 with dismissals starting at 11:25. Afternoon sessions begin drop off at 12:25 with dismissals starting at 3:00.

\_\_\_\_\_ Mon., Wed., Fri. *MORNING* GROUP (Tuition = \$246. per month\*/\$240. cash or check)

\_\_\_\_\_ Mon., Wed., Fri. <u>AFTERNOON</u>GROUP (Tuition = \$246. per month\*/\$240. cash or

check)

\_\_\_\_\_5 day per week <u>MORNING</u> GROUP (Tuition = \$338. per month\*/\$330. cash or check)

\_\_\_\_\_5 day per week <u>AFTERNOON</u>GROUP (Tuition = \$338. per month\*/\$330. cash or check)

\*For your convenience, monthly tuition may be made via our website <u>EndicottPreschool.org</u>, 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

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