



New Life Community Pre-School
380 Lakeland Avenue, Sayville, New York 11782
Tele: 631-589-8998 Fax: 631-589-4533

Registration for the 2009-2010 School Year

Please note that there is a non-refundable registration fee of \$35 due at registration.

| | | |
|--------------------------------------|---|---|
| I am registering my child for | Three-School Program | Pre-School Program |
| | <input type="checkbox"/> 2 days AM | <input type="checkbox"/> 3 days AM <input type="checkbox"/> 3 days PM |
| | <input type="checkbox"/> 3 days AM <input type="checkbox"/> 3 days PM | <input type="checkbox"/> 5 days AM <input type="checkbox"/> 5 days PM |

| | | |
|--|--------|-----------------|
| Child's name: | | Date of birth: |
| Street address: | | Home telephone: |
| Town: | State: | Zip code: |
| How you want your child's name to appear on school materials (i.e. name tag) | | |

| | | |
|--|---|---------------------------|
| Mother's name: | Living? <input type="checkbox"/> Yes <input type="checkbox"/> No | Mother's work/cell no.: |
| Father's name: | Living? <input type="checkbox"/> Yes <input type="checkbox"/> No | Father's work/cell no.: |
| Guardian's name: | | Guardian's work/cell no.: |
| Child lives with: | <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian | |
| Name(s) and age(s) of brothers and sisters: | | |
| | | |
| Did any of the above attend New Life Community Pre-School? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Has the child registering attended a Nursery/Pre-School previously? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If so where? | | |

| |
|--|
| How does the child respond when left by parents? |
| |
| Are there any habits such as nail biting, thumb sucking, stuttering or any other special information about which we should know? |
| |
| Does your child exhibit any anti-social behavior such as pushing, biting, scratching, hitting, etc? |
| If so, please explain here: |
| |
| Does your child have any special interests or abilities? |
| |
| Where did you learn about New Life Community Pre-school? |
| Does your family have a church membership? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If so, where? |

Please complete important information on the reverse side of this form.

Please list ANY allergies or any special medical information below.

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Please note: Medication will not be administered by our staff at any time.

Release Authorization

Who will you authorize to pick up your child (other than the parents) when Three-School/Pre-School is over?

PLEASE NOTIFY US *IN WRITING* OF ANY CHANGES

| | | |
|-------|------------------------|------------|
| Name: | Relationship to child: | Phone no.: |
| Name: | Relationship to child: | Phone no.: |
| Name: | Relationship to child: | Phone no.: |

Emergency Release

We give permission that in case of an emergency,
our child _____ may be taken to a hospital for medical treatment.

Father's signature:

Mother's signature:

Guardian's signature:

Emergency Contact Information

Emergency contact name and telephone number in case you cannot be reached

PLEASE PROVIDE MORE THAN ONE, AND NOTIFY US OF ANY CHANGES

| | | |
|-------|------------------------|------------|
| Name: | Relationship to child: | Phone no.: |
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