



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

Registration for the 2010-2011 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"/> 2 days PM <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 (if applicable):		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 concerns regarding your child's development you feel the teacher should know?
Does your child receive any early intervention services such as speech?
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?
If so, where? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Please list ANY allergies or any special medical information below.

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.

Parent'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.:
Name:	Relationship to child:	Phone no.:
Name:	Relationship to child:	Phone no.:



New Life Community Pre-School Tuition Agreement

380 Lakeland Avenue, Sayville, New York 11782

Tele: 631-589-8998 Fax: 631-589-4533

Child's name:		
Street address:		
Town:	State:	Zip code:
Parent's Names:		Phone no.:

Registration Fee: \$35.00 Non-Refundable (Accompanied by payment for the first month - September)

2-Day Program is on Tuesday and Thursday AM or Wednesday and Friday PM

3-Day Program is on Monday, Wednesday and Friday only.

5-Day Program is Monday through Friday.

Three-School Program

2 Days AM PM

3 Days AM PM

Pre-School Program

3 Days AM PM

5 Days AM PM

I understand I am responsible for my son/daughter's tuition payment until such time I withdraw my child.

The September tuition payment is non-refundable if the registration is withdrawn after June 30, 2010.

Parent or Guardian's Signature: _____