

# Enrollment Application 2020 – 2021

## St. Peter's Nursery Preschool

11 Ogden Court, Huntington Station, NY 11746

631-423-9523 Fax: 631-549-0555

[www.stpetersnurserypreschool.com](http://www.stpetersnurserypreschool.com)

OFFICE USE ONLY

Number: \_\_\_\_\_  
Birth Cert: \_\_\_\_\_  
Payment: \_\_\_\_\_  
Date: \_\_\_\_\_

PLEASE ENROLL MY CHILD IN:

CLEARLY MARK YOUR FIRST AND SECOND CHOICE BY USING NUMBERS 1 AND 2 BELOW

Please Note: Classes will only be offered if the minimum enrollment is met.

### Pre-Kindergarten

4 by Dec 1, 2020 SHUFSD

4 by Dec 31, 2020 HHHSD

\_\_\_\_ Five Day 9:30 – 12:30

\_\_\_\_ Five Day 9:30 – 2:00\*

\_\_\_\_ Five Day 9:30 – 4:00 Full Day\*\*

\_\_\_\_ Five Day 1:00 – 4:00

\_\_\_\_ MWF 9:30 – 12:30

\_\_\_\_ MWF 9:30 – 2:00\*

\_\_\_\_ MWF 9:30 – 4:00 Full Day\*\*

\_\_\_\_ MWF 1:00 – 4:00

\*9:30 – 2:00 includes a morning class plus enrichment class.

\*\* Full Day Program includes a morning class and an afternoon class.

### Three-Year-Old

3 by Dec 1, 2020 SHUSD

3 by Dec 31, 2020 HHHSD

\_\_\_\_ Five Day 9:30 – 12:30

\_\_\_\_ Five Day 9:30 – 2:00\*

\_\_\_\_ Five Day 9:30 – 4:00 Full Day\*\*

\_\_\_\_ Five Day 1:00 – 4:00

\_\_\_\_ MWF 9:30 – 12:30

\_\_\_\_ MWF 9:30 – 2:00

\_\_\_\_ MWF 9:30 – 4:00 Full Day\*\*

\_\_\_\_ MWF 1:00 – 4:00

\_\_\_\_ TTh 9:30 – 12:30

\_\_\_\_ TTh 9:30 – 2:00\*

\_\_\_\_ TTh 9:30 – 4:00 Full Day\*\*

\_\_\_\_ TTh 1:00 – 4:00

\*9:30 – 2:00 includes a morning class plus enrichment class.

\*\* Full Day Program includes a morning class and an afternoon class.

### Two-Year-Old

2 by Dec. 1, 2020 SHUSD

2 by Dec. 31, 2020 HHHSD

\_\_\_\_ MWF 9:30 – 12:30

\_\_\_\_ MWF 1:00 – 4:00

\_\_\_\_ MWF 9:30 – 4:00 Full Day\*\*

\_\_\_\_ MW 9:30 – 12:30

\_\_\_\_ MW 1:00 – 4:00

\_\_\_\_ TTh 9:30 – 4:00 Full Day\*\*

\_\_\_\_ TTh 9:30 – 12:30

\_\_\_\_ TTh 1:00 – 4:00

\_\_\_\_ TTh 9:30 – 4:00 Full Day\*\*

You have the option of combining classes to form either a 4-day or 5-day program

Please mark selection for before care (8:00 – 9:30) in half hour increments:

Before Care \_\_\_\_\_ to 9:30am

We are regulated by the Office of Children and Family Services and are required to maintain teacher/child ratios in all instances.

Child's Name \_\_\_\_\_ Likes to be called \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_  
(street) (town) (zip code)

Tel # \_\_\_\_\_ Mom's cell # \_\_\_\_\_ Dad's cell # \_\_\_\_\_

Birth date \_\_\_\_\_ School District \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Tel # \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Tel # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Tel # \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Tel# \_\_\_\_\_

Two (2) nearby people who may be called to care for child if parent is unavailable:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel# \_\_\_\_\_

Does your child have any allergies? \_\_\_ Yes \_\_\_ No

If Yes, please specify: \_\_\_\_\_

List health information that should be known by the teacher (allergies, vision or hearing problems, activity restrictions, regular medications, special needs, etc.)

Has your child had any illnesses, operation(s), accidents or hospital experiences, and what were your child's reactions to these experiences?

Is your child receiving services (ex: speech)? \_\_\_\_\_

Child likes to draw with which hand: Right \_\_\_\_\_ Left \_\_\_\_\_

Name & age of siblings presently attending St. Peter's \_\_\_\_\_

Name & age of other siblings \_\_\_\_\_

Others in household \_\_\_\_\_

Student's current teacher and age group at St. Peter's \_\_\_\_\_

Where did you hear about St. Peter's Nursery Preschool? \_\_\_\_\_

Are you a member of St. Peter's Evangelical Lutheran Church? \_\_\_\_\_

Other church affiliation? \_\_\_\_\_

Please include any other information that might enable the teacher to better work with your child, such as illness in the home, separation or divorce\*, second language spoken in the home, etc.

\*In cases of divorce or separation, please explain custody and visiting arrangements.

If both parents work outside of the home, who cares for your child and is responsible for taking your child to school?

We are required to report racial information to the New York State Department of Education for statistical purposes only. Please indicate below:

Racially Non-Discriminatory Policy of St. Peter's Nursery Preschool:

**St. Peter's Nursery Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, and athletic and other school-administered programs.**

I understand the first month of school to be a probationary period preceding the final acceptance of my child.

**Permission:**

- 1. I hereby give permission to the staff to give emergency medical care to my child in case of an accident and to take any immediate action necessary.**
- 2. I hereby give permission for St. Peter's Nursery Preschool to take and/or publish photographs of my child that are taken at St. Peter's Nursery Preschool to be used for marketing and/or promotional literature including but not limited to website publishing.**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_