

Enrollment Application 2021 – 2022

St. Peter's Nursery Preschool

11 Ogden Court, Huntington Station, NY 11746

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

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, 2021 SHUFSD

4 by Dec 31, 2021 HHHSD

___ **Five Day** 9:30 – 12:30

___ **Five Day** 9:30 – 2:00*

___ **MWF** 9:30 – 12:30

___ **MWF** 9:30 – 2:00*

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

Three-Year-Old

3 by Dec 1, 2021 SHUSD

3 by Dec 31, 2021 HHHSD

___ **Five Day** 9:30 – 12:30

___ **Five Day** 9:30 – 2:00*

___ **MWF** 9:30 – 12:30

___ **MWF** 9:30 – 2:00*

___ **TTh** 9:30 – 12:30

___ **TTh** 9:30 – 2:00*

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

Two-Year-Old

2 by Dec. 1, 2021 SHUSD

2 by Dec. 31, 2021 HHHSD

___ **MWF** 9:30 – 12:30

___ **MW** 9:30 – 12:30

___ **TTh** 9:30 – 12:30

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: _____