

# Enrollment Application 2017 – 2018

**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:**

**Mommy and Me**

**Friday**

**9:30-11:00**

For children 18 months to 2 ½ years old as of October, 2017

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

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

## Please Print Clearly

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 \_\_\_\_\_

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, 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.**

**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: \_\_\_\_\_