

Summer Program Application 2017

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:

CLASS: _____ Mommy & Me - (18months to 2 ½ years old)

T-Shirt size: XS _____ S _____

Wednesday

9:30 – 11:00

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 _____

Address _____
(street) (town) (zip code)

Tel # _____ Mom's cell # _____ Dad's cell # _____

School District _____ Email: _____

Birth date _____ Male _____ Female _____

Mother's Name _____ Occupation _____

Business Address _____ Tel # _____

Father's Name _____ Occupation _____

Business Address _____ Tel # _____

Doctor'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 the appropriate choice.
American Indian or Alaskan Native ____
Black (not Hispanic origin) ____
Asian or Pacific Islands ____
Hispanic ____
White (not Hispanic origin) ____

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: _____