

VILLAGE PRESCHOOL

9 Mountain Avenue

Bayville, NY 11709

(516) 628-8655

REGISTRATION FORM 2021-2022

NAME OF STUDENT _____

DATE OF BIRTH ___/___/___ SEX M F

CLASS ENTERING IN SEPTEMBER: 2YR 3YR 4YR

Parents/Guardians

MOTHER _____ FATHER _____

Address: _____

Phone: _____ E-Mail: _____

Siblings/Birth dates _____ / ____/ ____
_____/____/____
_____/____/____

Emergency Phone Numbers:

MOTHER: _____ FATHER: _____

In the event that a parent cannot be reached in an emergency, please list the number of a LOCAL friend, relative or neighbor who can pick up your child.

Emergency Contact: Person _____

Phone _____

Relation _____

*****THE NON-REFUNDABLE REGISTRATION FEE IS \$150.**

Mother's Signature _____ Date ___/___/___

Father's Signature _____ Date ___/___/___