VILLAGE PRESCHOOL

9 Mountain Avenue
Bayville, NY 11709
(516) 628-8655

REGISTRATION FORM

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___/___/___