



970 East Main Street, East Aurora, NY. 14052  
655-2958 or 652-5880

*For office completion:*

DEPOSIT PAID?

OPTION 1

OPTION 2

OPTION 3

**PLEASE TICK**

**3 YEAR OLD CLASS**  
Tuesday & Thursday  
9am – 12pm

**FOUR YEAR OLD CLASS**  
Monday, Wednesday & Friday  
9am – 12pm

## Registration Form 2017-2018

**Registrar: Jackie Wischman (716) 984-1985**

Child's Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Child's Nickname \_\_\_\_\_

Mailing Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Work Phone Number \_\_\_\_\_

\_\_\_\_\_

Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Cell Phone \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

List other members of household:

| Name  | Relationship to Child | Age   |
|-------|-----------------------|-------|
| _____ | _____                 | _____ |
| _____ | _____                 | _____ |
| _____ | _____                 | _____ |
| _____ | _____                 | _____ |

Family Church Affiliation (optional) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to Child \_\_\_\_\_

If both parents work, name of child care provider \_\_\_\_\_ Phone \_\_\_\_\_

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Is there any information concerning your family situation that you feel the teacher should know?

\_\_\_\_\_

Check here if you would like the teacher to call you to discuss, in confidence, the above question

What qualities do you see in your child? \_\_\_\_\_

\_\_\_\_\_

What do you hope that your child will gain by attending preschool? \_\_\_\_\_

\_\_\_\_\_

Does your child have any strong dislikes or fears? \_\_\_\_\_

\_\_\_\_\_

Has your child previously attended Nativity Preschool? \_\_\_\_\_ Any other preschool? \_\_\_\_\_

If Yes, the name of the school \_\_\_\_\_

How did you hear about Nativity Preschool? (Friend, newspaper, etc.) \_\_\_\_\_

Would you be willing to help out with any of the following?

Substitute teaching  School Board Position  Sharing a Special Talent  if so, list \_\_\_\_\_

### **MEDICAL HISTORY**

Child's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

List any diseases and/or operations that your child has had: \_\_\_\_\_

Has your child ever been treated for any physical, mental, or emotional conditions?  If so, please explain:

\_\_\_\_\_

Does your child have any allergies which the teacher should be made aware of?  If so, please list:

\_\_\_\_\_

**As the parent/guardian, I understand that the child I am registering must be fully potty trained (no diapers/pull ups) prior to attending classes in September.**

Signed: \_\_\_\_\_ Print: \_\_\_\_\_ (Parent/Guardian)

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