

DEPOSIT \$100

Tuition Payment  
OPTION 1

Tuition Payment  
OPTION 2



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

**Parent please check!**

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

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

**Registration Form 2021-2022**

**Registrar – Jessica Charles: nativityregistrar@gmail.com**

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 \_\_\_\_\_

Additional email address \_\_\_\_\_

*(email will be used to send out monthly newsletter etc.)*

List other members of household:

Name	Relationship to Child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

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

*Proudly sponsored by:*





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

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. I also understand that I am required to remit payment as per my chosen payment option, which I have marked on the top of this form. Late payments will incur a fee.**

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

*Proudly sponsored by:*

