



School Use Only:	
Date:	_____
School Year:	_____
Registration Fee Paid	_____
Check#:	_____
Cash:	_____
10% sibling discount:	_____
Class:	_____

APPLICATION FOR ENROLLMENT 2024-2025

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Town, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Elementary School and District \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone # \_\_\_\_\_

Primary parent email \_\_\_\_\_

How did you hear about our Preschool? \_\_\_\_\_

Other Children in Family

<u>FIRST NAME</u>	<u>GENDER</u>	<u>DATE OF BIRTH</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

**In case of emergency (if parents cannot be reached) contact:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Relationship to child \_\_\_\_\_

Is this person authorized to pick up your child from preschool? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Relationship to child \_\_\_\_\_

Is this person authorized to pick up your child from preschool? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your child receiving special services from another group? If so, what type and from whom? (ex: speech, O/T, counseling) \_\_\_\_\_

Does your child have any medical conditions? If so, please list \_\_\_\_\_

Does your child have any allergies? If so, please list \_\_\_\_\_

Is there any additional information we should know that might help us in working with your child?  
\_\_\_\_\_

- A \$100.00 registration fee MUST accompany this application. We require only **one** registration fee per family. This is a non-refundable fee paid by cash or check made payable to **Seaford Community Preschool**.
- **The first tuition payment of the school year must be made the week of September 3rd.** This payment is non-refundable and is a full tuition payment as it includes half of September and half of June. After that, tuition is due the first class of each month, beginning in October and ending in May.
- All enrollments are on a first-come, first- served basis and we must receive **ALL ITEMS** on the registration checklist to secure enrollment.
- **OCFS Form 4433 completed by your child's doctor MUST be included with your application. As of the 2024-2025 school year this form is REQUIRED. The standard school form that your doctor provides will NOT be accepted.**
- A 10 % sibling tuition discount is applied when enrolling more than 1 (one) child in a school year.
- A 5% discount is applied if paying tuition upfront for the year.
- Permission is hereby granted in case of emergency, when neither parents, nor family physician can be reached, to have my child attended by a physician selected by the school.
- Please indicate your permission to place your contact information on a class list.  
Yes \_\_\_\_\_ No \_\_\_\_\_

**I HAVE READ THIS APPLICATION AND AGREE TO THE TERMS:**

\_\_\_\_\_  
*Signature of Parent or Guardian*

**Program Selection (please check one):**

2-Year-Old Class Tuesday/Thursday 10:00 – 12:30 \_\_\_\_\_

2-Year-Old Class Monday/Wednesday/Friday 10:00 – 12:30 \_\_\_\_\_

3-Year-Old Class Monday/Wednesday/Friday 10:00 – 12:30 \_\_\_\_\_

3-Year-Old Class Monday/Wednesday/Friday 10:00 – 2:00 \_\_\_\_\_

3-Year-Old Class Monday THROUGH Friday 10:00 – 12:30 \_\_\_\_\_

3-Year-Old Class Monday THROUGH Friday 10:00 – 2:00 \_\_\_\_\_

4-Year-Old Class Monday/Wednesday/Friday 9:30 – 12:00 \_\_\_\_\_

4-Year-Old Class Monday/Wednesday/Friday 9:30 – 2:30 \_\_\_\_\_

4-Year-Old Class Monday THROUGH Friday 9:30 – 12:00 \_\_\_\_\_

4-Year-Old Class Monday THROUGH Friday 9:30 – 2:30 \_\_\_\_\_