**Registration Fee $75

2026-2027

Registration Form

Akron Parents Association Nursery School

Child Information:

Child's First Name & Last Name:	Nickname:	Gender: M / F

Full Address:	Date of Birth (mm/dd/yy):

How did you hear about us? (Circle one)
Family/Friend   Facebook   Website   other:_____

Parent Information:

Mother's Name:_____	Father's Name:_____
Phone #:_____	Phone #:_____
Email: _____	Email: _____
Occupation:_____	Occupation:_____
Employer:_____	Employer:_____
Work #:_____	Work #:_____

Child resides with (circle one):   mother   father   both parents   other:_____

Siblings Name(s) Gender Age	Does your child have any allergies or other medical concerns/existing diagnoses? Explain:
_____ _____ ___ _____ _____ ___ _____ _____ ___ _____ _____ ___	_____ _____ _____

Is your child receiving, ever received or have been evaluated for special services (speech therapy, OT, PT, SEIT etc.)?_____
Is your child up to date with required vaccinations? Yes___   No____

Is your child toilet trained? (Circle one)   YES   NO
We do require that children be toilet trained before beginning 3-year-old classes. We understand accidents and will work with you on temporary regression. However, if your child does not make significant progress and attain successful toilet training, they may not be ready to attend preschool, at which time parents, the teacher, and the program director will discuss the possibility of withdrawal

I would like to register my child for (circle one): ## 2s Class ## 3s Class T/TH (9-11) M/ W/ F (9-12)	Please Mail Registration Form and $75 Fee to: **APA Nursery School PO Box 135 Akron, NY 14001**

Have Questions?   akronparentsassociation@gmail.com