



Akron Parents Association Nursery School
7 Church St. Akron, NY 14001

Please Circle One
T/Th - 2's ~ M/W/F - 3's

Registration Form

Child's Name: _____ Sex: _____

Child's Date of Birth: _____ Nickname: _____

Permission to share photos/videos of listed child: YES or NO Locations to include but not limited to - private facebook group per class, APA website, advertising, ect.

Father's Name: _____ Contact Number: _____

Father's Place of Employment: _____ Phone: _____

Mother's Name: _____ Contact Number: _____

Mother's Place of Employment: _____ Phone: _____

License Plates - Father: _____ Mother: _____

In case of divorce/separation, who is the primary caregiver? _____

Child's Main Address: _____

Email Address: _____

Names and Ages of Siblings: _____

In case of emergency/sickness/school closing please list emergency contact:

Name: _____ Phone: _____

Child's Daytime Caregiver - Name: _____ Phone: _____

Is your child potty trained: yes or no (required for the 3's) If NO describe current potty situation difficulties (diapers, pull ups, inconsistent, ect): _____

What does your child say when he/she has to go to the bathroom? _____

Does your child have any nervous habits? _____

How does your child react to new situations? _____

Does your child have any allergies or medical concerns we need to be aware about? (Attach separate sheet if necessary): _____

Does he/she receive any special education or support services (SLP/OT/PT)? _____

Due to insurance regulations we are required to ask the following. Has either parent been charged with a sexual offense? _____

Print Name

Signature

Date