

\*\*Registration Fee \$60

[www.apanurseryschool.com](http://www.apanurseryschool.com)



Akron Parents Association Nursery School

2025-2026

Registration Form

**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: \_\_\_\_\_

<u>Siblings Name(s)</u>	<u>Gender</u>	<u>Age</u>	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 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): <b>2s Class</b> <b>3s Class</b> T/TH (9-11)                      M/ W/ F (9-12)	Please Mail Registration Form and \$60 Fee to: <b>APA Nursery School</b> <b>PO Box 135</b> <b>Akron, NY 14001</b>
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**Have Questions? [akronparentsassociation@gmail.com](mailto:akronparentsassociation@gmail.com)**