



School Use Only:

Date: _____
 School Year: _____
 Registration/Activity Fee Paid _____
 Check#: _____
 Cash: _____
 5% sibling discount: _____
 Class: _____
 Request(s) _____

APPLICATION FOR ENROLLMENT 2025-2026

(Please Print)

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

FIRST NAME GENDER DATE OF BIRTH

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 and \$50.00 activity 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 the **Merrick Jewish Centre**. All enrollments are based on a first-come, first-serve basis and we must receive **BOTH** the application and registration fee to secure placement.
- Medical forms (**OCFS Form 4433**) indicating most current immunizations **and** proof that they are free from contagious and communicable diseases signed and stamped by your doctor's office must be submitted for each child **BEFORE** they can begin.
- Tuition is due on the **FIRST CLASS SESSION** of each month.
- A 10% sibling tuition discount is available when enrolling more than one child in a school 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):

18mo-2 years	T/TH	9:30–11:30	_____
18mo-2 years	T/TH	12:00–2:00	_____
18mo-2 years	M/W/F	9:30–11:30	_____
18mo-2 years	M/W/F	12:00–2:00	_____
2.5 years	T/TH	10:00–12:30	_____
2.5 years	M/W/F	10:00–12:30	_____
2.5 years	M-F	10:00–12:30	_____
3 years	T/TH	10:00–12:30	_____
3 years	T/TH	10:00–2:00	_____
3 years	M/W/F	10:00–12:30	_____
3 years	M/W/F	10:00–2:00	_____
3 years	M-F	10:00–12:30	_____
3 years	M-F	10:00–2:00	_____
4 years	M/W/F	9:30–12:00	_____
4 years	M/W/F	9:30–2:30	_____
4 years	M-F	9:30–12:00	_____
4 years	M-F	9:30–2:30	_____