



APPLICATION FOR ENROLLMENT 2026-2027 (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

<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 _____

School Use Only:

Date: _____

School Year: _____

Registration/Activity Fee Paid _____

Check#: _____

Cash: _____

5% sibling discount: _____

Class: _____

Request(s) _____

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 \$200.00 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	M-F	9:00-3:00	<input type="checkbox"/>
18mo	M-F	9:00-12:00	<input type="checkbox"/>
18mo	M/W/F	9:00-3:00	<input type="checkbox"/>
18m	M/W/F	9:00-12:00	<input type="checkbox"/>
2.5 years	M-F	9:00-3:00	<input type="checkbox"/>
2.5 years	M-F	9:00-12:00	<input type="checkbox"/>
2.5 years	M/W/F	9:00-3:00	<input type="checkbox"/>
2.5 years	M/W/F	9:00-12:00	<input type="checkbox"/>
3 years	M-F	9:00-3:00	<input type="checkbox"/>
3 years	M-F	9:00-12:00	<input type="checkbox"/>
3 years	M/W/F	9:00-3:00	<input type="checkbox"/>
3 years	M/W/F	9:00-12:00	<input type="checkbox"/>
4 years	M-F	9:00-3:00	<input type="checkbox"/>
4 years	M-F	9:00-12:00	<input type="checkbox"/>
4 years	M/W/F	9:00-3:00	<input type="checkbox"/>
4 years	M/W/F	9:00-12:00	<input type="checkbox"/>