



School Use Only:

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

**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

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?

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- 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"/>