

**Parent please check!**

- Non-refundable DEPOSIT \$100
- Tuition Payment OPTION 1 (Pay in Full)
- Tuition Payment OPTION 2 (Monthly)



970 E. Main Street, East Aurora, NY 14052  
655-2958 or 652-5880

**Registration Form 2026-2027**

Registrar: [nativityregistrar@gmail.com](mailto:nativityregistrar@gmail.com)

*\*Immunization Records are required at Registration*

**Parent please check!**

- 2 DAY CLASS**  
T/Th 9:30am – 12:30pm
- 3 DAY CLASS**  
M/W/F 9:30am – 12:30pm
- 5 DAY CLASS**  
M-F 9:00am – 12:00pm

Today's Date \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Child's First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Child's Nickname \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Business Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Business Address \_\_\_\_\_

List other members of household:

Name	Relationship to Child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact #1 \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Graciously sponsored by:





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Is there any information concerning your family situation that you feel the teacher should know?

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Check here if you would like the teacher to call you to discuss, in confidence, the above question

What do you hope that your child will gain by attending preschool? \_\_\_\_\_

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Does your child have any strong dislikes or fears? \_\_\_\_\_

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Has your child previously attended Nativity Preschool? \_\_\_\_\_ Any other preschool? \_\_\_\_\_

If Yes, the name of the school \_\_\_\_\_

How did you hear about Nativity Preschool? (Friend, social media, etc.) \_\_\_\_\_

Please check (all that apply) any of the ways that you would be willing to get involved in our Preschool (we will follow up with more info):

Substitute teaching  School Board Position  Sponsoring our school/program

Sharing a Special Talent with class (i.e. music, occupation, etc.) If so, please list \_\_\_\_\_

### **MEDICAL HISTORY**

Child's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Does your child have any allergies which the teacher should be made aware of?  If so, please list:

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List any diseases and/or operations that your child has had: \_\_\_\_\_

Has your child ever been treated for any physical, mental, or emotional conditions?  If so, please explain:

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Please feel free to share anything else about your child/family that might be helpful for the teacher(s) to know.

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**APPROVED SCHOOL PICK-UP LIST**

*Please list all individuals name & relationship who have permission to pick up your child.*

Name(s):

Relationship:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

YES	NO	<i>(please check yes or no)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>As the parent/guardian, I understand that the child I am registering must be fully potty trained (no diapers/pull ups) prior to attending preschool.</b>

**PHOTO AND FIELD TRIP CONSENT**

YES	NO	<i>(please check yes or no for each item listed below)</i>
<input type="checkbox"/>	<input type="checkbox"/>	I understand that tuition is non-refundable and that I am required to pay tuition monthly per the tuition payment schedule. I understand that if payment is not received within the first 10 days of the month, I will be notified by phone or in writing and a late fee of \$10 will be assessed. If payment is not received by the last calendar day of the month, your child will not be allowed to return to school until the preschool receives payment in full.
<input type="checkbox"/>	<input type="checkbox"/>	My child has permission to be photographed with his/her class, under the supervision of the teacher, on any occasion during the school year. I understand the pictures may be published in the local newspapers, social media, as well as publications for the Preschool.
<input type="checkbox"/>	<input type="checkbox"/>	My child has permission to walk the Nativity Preschool grounds, under the supervision of the teacher, on any occasion during the school year.
<input type="checkbox"/>	<input type="checkbox"/>	My child has permission to attend a walking field trip with advanced notice, under the supervision of the teacher, during the school year.

Signed: \_\_\_\_\_ Print: \_\_\_\_\_

(Parent/Guardian)