

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

Parent please check!

- 3 YEAR OLD CLASS**
Monday, Wednesday & Friday
9:30am – 12:30pm
- 4 YEAR OLD CLASS**
Monday – Friday
9:00am – 12:00pm

Registration Form 2023-2024

Registrar: nativityregistrar@gmail.com

**Immunization Records are required at Registration*

Child's Name _____

Today's Date _____

Male _____ Female _____

Child's Nickname _____

Mailing Address _____

Date of Birth _____

Father's Name _____

Home Phone _____

Business Address _____

Occupation _____

Mother's Name _____

Work Phone Number _____

Business Address _____

Cell Phone _____

Occupation _____

Work Phone Number _____

Cell Phone _____

Preferred Email Address _____

Additional email address _____

(E-mail will be used to send out monthly newsletter etc.)

List other members of household:

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

Emergency Contact _____ Phone Number _____

Relationship to Child _____

If both parents work, name of child care provider _____ Phone _____





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

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

What qualities do you see in your child? _____

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

Does your child have any strong dislikes or fears? _____

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.) _____

Would you be willing to help out with any of the following?

Substitute teaching School Board Position Sharing a Special Talent - if so, please list _____

MEDICAL HISTORY

Child's Doctor _____ Phone Number _____

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:

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

As the parent/guardian, I understand that the child I am registering must be fully potty trained (no diapers/pull ups) prior to attending classes in September. I also understand that I am required to remit payment as per my chosen payment option, which I have marked on the top of this form. Tuition is non-refundable and late payments will incur a fee.

Signed: _____ Print: _____ (Parent/Guardian)

