

ABIDING PRESENCE PRESCHOOL
4 Trescott Path, Fort Salonga, NY 11768
www.abidingpresencepreschool.com
aplcpreschool@gmail.com
(631) 269-4898



For Office Use only:
\$100 Application Fee _____
Rec'd Date _____
Ref. No. _____
Birth Certificate _____
Payment Agreement _____

APPLICATION FOR ENROLLMENT 2018-2019

Please check your program of choice. Our programs run based on enrollment and we will do our best to accommodate your request.

Pre-Kindergarten: [4 years by Dec. 1, 2018]

- Full Day 9:00 am - 3:00 pm
- Half Day 9:00 am - 1:00 pm
 - 5 days/wk
 - 4 days/wk
 - 3 days/wk

Please circle preferred days:
M / T / W / Th / F

Extended Care:

Please indicate extended care needs:

Nursery: [3 years by Dec. 1, 2018]

- Full Day 9:00 am - 3:00 pm
- Half Day 9:00 am - 1:00 pm
 - 5 days/wk
 - 4 days/wk
 - 3 days/wk

Please circle preferred days:
M / T / W / Th / F

Extended Care:

Please indicate extended care needs:

Toddler: [2 years by Dec. 1, 2018] **9:00 am - 11:30 am**

- Mon/Wed/Fri [Separation drop-off]
- Tues/Thurs [Separation drop-off]

CHILD'S HOUSEHOLD INFORMATION (Please Print)

Child's Name _____ Date of Birth: ____/____/____ Sex: ____
Last First MI

Secondary Household Information (if applicable):

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

School District _____

Home Phone (____) _____ Alt. Phone (____) _____

Home Email _____ Alt. Email _____

FAMILY INFORMATION:

Marital Status: Married___ Divorced___ Separated___ Legal Guardian___ Single___ Other___

Mother's Name: _____ Father's Name: _____

Alternate Phone (cell): _____ Alternate Phone (cell): _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Business Phone: _____ Business Phone: _____

Business Email: _____ Business Email: _____

Please complete the reverse side of this form →

CHILD'S PERSONAL INFORMATION

Preferred Name: _____
Does your child speak English proficiently? Yes ____ No ____
What other language does your child speak? _____
Does your child have an IEP? Yes ____ No ____ (Individualized Education Plan)
IEP Services provided by: _____

How did you hear about Abiding Presence Preschool?

Currently Enrolled ____ Parent of child ____
Friend ____ Advertisement ____
Local School ____ Church ____ Web Site ____
Other: _____
Who can we thank for referring you to our school?

Allergies/Medical Conditions: _____

Does your child have an EPI-pen? Yes ____ No ____

BROTHERS & SISTERS:

Name: _____ Date of Birth _____
Name: _____ Date of Birth _____
Name: _____ Date of Birth _____

CHURCH MEMBERSHIP: (Church Name and Denomination)

Mother: _____ Father: _____
Would you like to be added to our church newsletter email mailing list? Yes ____ No ____ (be sure to add email address on Side I)

PERMISSIONS:

I give permission for my child's name, address, phone number, etc. to be included in the class list.

(This list is provided only to the families of the children in the class to share contact information for play dates, birthday parties, class parties, etc.)

yes no

Parent Signature

I give permission for my child's picture to appear in brochures, publications, website, etc.

(Names of children are not published along with pictures. School events are photographed for marketing and publicity purposes.)

yes no

Parent Signature

BIRTH CERTIFICATE ~ or ~ PASSPORT:

A legible copy of the child's proof of birth date must be submitted with this application for all **new** children entering the school.

APPLICATION FEE: A \$100 non-refundable application fee must be submitted with this application.

Valid MEDICAL/Record of IMMUNIZATIONS: Required for entrance on first day of school. Valid for one year since most recent exam.

Abiding Presence Preschool grants to students of any race, color, religion, national and ethnic origin all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, nationality, or, ethnic origin in administration of its educational policies, admissions policies, or, other school administered programs. The school reserves the right to make appropriate and necessary changes in staffing, class configurations, classroom locations, and student placement, as needed.

I hereby certify that the information I have provided above is accurate. It is my intent to support my child's teachers and Abiding Presence Preschool in working with my child. I understand that the \$100 application fee is non-refundable and a \$25 fee may be charged if I make a program change. In addition, I have reviewed the Tuition and Fee Schedule, Late Fee, Returned Check Fee, and Refund Policy. I understand these procedures and agree to fulfill my financial obligations to Abiding Presence Preschool.

Person(s) responsible for tuition payments: _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____