

**2010-2011
TVN Application for Enrollment**

Office use only	
Class _____	
Check # _____	

Child's Name: _____ Sex: ____ Birth date: _____
Address: _____

Name of Parent/Guardian: _____ Occupation: _____
Name of Parent/Guardian: _____ Occupation: _____
Home Phone: _____ Daytime Phone: _____
Emergency Contact: _____ Phone: _____
E-mail address: _____

Previous school experience (if any): _____
Are you a returning TVN family? _____ If your child is currently attending TVN, what class is he/she attending? (Teacher/days) _____
What is your reason for sending your child to nursery school/what are your expectations? _____

Would you consider serving on the TVN Board of Directors? () Yes or () No
How did you learn about Tri-Village Nursery School? _____
Is there presently any condition that the school should be aware of in planning your child's program (i.e., visual, hearing, speech, allergies, medications, etc.)? Please explain: _____

Signature of Parent/Guardian: _____ Date _____

**PLEASE WRITE NUMBERS 1 AND 2 NEXT TO YOUR FIRST AND SECOND CHOICES
PLEASE NOTE STAFF IS SUBJECT TO CHANGE.**

3-YEAR OLD PROGRAM

	2 DAY T/TH - Germano 9:10 A.M. – 11:40 A.M.
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	3 DAY MWF - Germano 9:10 A.M. – 11:40 A.M.
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4-YEAR OLD PROGRAM

	4 DAY M-TH - Benedetto 9:10 A.M. – 12:10 P.M.
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	4 DAY M-TH - McKillop 9:20 A.M. – 12:20 P.M.
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	5 DAY M-F* - Fronheiser 9:20 A.M. – 12:20 P.M.
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**Preference given to children in their 3rd year of preschool and children turning 5 before June 1, 2011. Parents of children whose birth date does not fit within the preferred age guidelines may request approval from the Education Director to be admitted into the class based upon teacher recommendation and student review.*

PLEASE COMPLETE APPLICATION AND SUBMIT WITH YOUR NON-REFUNDABLE \$50.00 PER FAMILY REGISTRATION FEE.

Please mail completed forms to: TVN, P.O. BOX 103, Delmar, NY 12054