



check# _____

Tri-Village Nursery School Application for Enrollment

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

Address: _____

Name of Parent/Guardian: _____

Occupation: _____ Email Address _____

Name of Parent/Guardian: _____

Occupation: _____ Email Address _____

Cell Phone: _____ Home Phone: _____

Emergency Contact: _____ Phone: _____

Previous school experience (if any): _____

Are you a returning TVN family? (Yes) (No)

Are you interested in the cooperative discount? (Yes) (No)

If your child is currently attending TVN, what class is he/she attending? _____

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) (No)

How did you learn about Tri-Village Nursery School? _____

Does your child have any food allergies? _____

Is there any present condition that the school should be aware of in the planning of your child's program (i.e. visual, hearing, allergies, medication, early intervention, speech and/or occupational therapy services, etc)?

Signature of Parent/Guardian: _____

Date _____

PLEASE WRITE NUMBERS 1 AND 2 NEXT TO YOUR FIRST AND SECOND CHOICES

*** all classes will run from 9:20-12:20 or 9:30-12:30**

	<i>5 day 4-year-old class</i>	<i>Monday-Friday</i>
	<i>4 day 4-year-old class</i>	<i>Monday-Thursday</i>
	<i>3 day 3-year-old class</i>	<i>Monday, Wednesday & Friday</i>
	<i>3 day 3-year-old class</i>	<i>Tuesday, Thursday & Friday</i>

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.

Time Stamp: