



check# \_\_\_\_\_

## TVN Application for Enrollment

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? \_\_\_\_\_

Does your child have any food allergies? \_\_\_\_\_

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 see attached class descriptions for more info on each class option.**

**\* all classes will run from 9:10-12:10 or 9:20-12:20**

	<b>5 day 4-year-old class</b>	<b>Monday-Friday</b>
	<b>4 day 4-year-old class</b>	<b>Monday-Thursday</b>
	<b>3 day 3-year-old class</b>	<b>Monday, Wednesday &amp; Friday</b>
	<b>2 day 3-year-old class</b>	<b>Tuesday &amp; Thursday</b>

**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