



Big Flats Preschool  
 109 Hillview Drive  
 Big Flats, NY 14814  
 607) 562-3422  
 bigflatspreschool@gmail.com  
 www.bigflatspreschool.com

**FOR OFFICE USE ONLY**

Tour: \_\_\_\_\_  
 Payment: \_\_\_\_\_  
 Conf./E-mail: \_\_\_\_\_

**2019-2020 Registration Form**

Child's Name: \_\_\_\_\_

Name to teach for handwriting purposes: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on 12/1/19\*: \_\_\_\_\_ Sex:  M  F  
*\*Age on this date determines class placement.*

**2-Year-Old Class**  **2 Day Option**  
 2 Day: Tue. & Thur.

**3-Year-Old Class**  **3 Day Option**  
 3 Day: M, W, F

**4-Year-Old Pre-K Class\***  **3 Day Option**  
 3 Day: M, W, F

**4 Day Option**  
 4 Day: M, W, F & Tue. or Thur.

**4 Day Option**  
 4 Day: M, W, F & Tue. or Thur.

**5 Day Option**  
 5 Day: M-F

**5 Day Option**  
 5 Day: M-F

*\*All Pre-K students are required to be potty-trained.*

**A \$100 non-refundable registration fee is due with registration.**

**A current Immunization Record and Medical Emergency Form must be on file to begin preschool.**

How did you hear about us? : \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Does your child have any allergies or medical history about which we should know? **YES NO**  
 If yes, please explain: \_\_\_\_\_

Does your child receive any special services (OT, PT, Speech, SEIT)? **YES NO**  
 If yes, please explain: \_\_\_\_\_

Please list **two** emergency contacts that can be reached if you are not available. Contacts should be available to pick your child up from preschool if needed.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_