



Big Flats Preschool
 109 Hillview Drive
 Big Flats, NY 14814
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 bigflatspreschool@gmail.com
 www.bigflatspreschool.com

FOR OFFICE USE ONLY

Tour:
 Payment:
 Conf./E-mail:

2023-2024 Registration Form

Child's Name: _____

Name to teach for handwriting purposes: _____

Date of Birth: _____ Age on 12/1/23*: _____ 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 Day Option

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

5 Day Option

5 Day: M-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.

5 Day Option

5 Day: M-F

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

A \$125 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 (**other than parents**) 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: _____