



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: _____

2026-2027 Registration Form

Child's Name: _____ Preferred First Name: _____
 Date of Birth: _____ Age on 12/1/26*: _____ Sex: M F
 *Age on this date determines class placement.

- | | | | |
|--------------------------|---|--|--|
| 2-Year-Old Class | <input type="checkbox"/> 2 Day Option
2 Day: Tue. & Thur. | | |
| 3-Year-Old Class | <input type="checkbox"/> 3 Day Option
3 Day: M, W, F | <input type="checkbox"/> 4 Day Option
4 Day: M, W, F & Tue. or Thur. | <input type="checkbox"/> 5 Day Option
5 Day: M-F |
| 4-Year-Old Class* | <input type="checkbox"/> 3 Day Option
3 Day: M, W, F | <input type="checkbox"/> 4 Day Option
4 Day: M, W, F & Tue. or Thur. | <input type="checkbox"/> 5 Day Option
5 Day: M-F |

*All 4's students are required to be potty-trained.

A \$125 non-refundable registration fee is due with registration. Cash, check or Venmo (\$128) accepted
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: _____

Email Address: _____
 Home Address: _____ City, State & Zip: _____

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: _____