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:

2027-2028 Registration Form

Child's Name: _____ Preferred First Name: _____
Date of Birth: _____ Age on 12/1/27*: _____ 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 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 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: _____