

# Registration Application 2018 – 2019

NEW LIFE COMMUNITY PRE-SCHOOL 380 Lakeland Avenue Sayville, NY 11782

Phone: (631) 589-8998

Fax: (631) 589-4533

Email: nlcps@nlcc-li.com

**Pre-School Program** (child must be age 4 by December 1, 2018)

3 Days A.M.  Monday/Wednesday/Friday

4 Days A.M.  Choice of Days: \_\_\_\_\_

5 Days A.M.

Child's Name \_\_\_\_\_ Female  Male

Does your child have a nickname? \_\_\_\_\_ If so would you prefer us to use their formal name or  
nickname at school? \_\_\_\_\_ Nickname: \_\_\_\_\_

Address \_\_\_\_\_  
(Number and street) (Town) (Zip)

Date of Birth \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Living? Yes  No

Mother's Cell # \_\_\_\_\_ Mother's Work # \_\_\_\_\_

Mother's Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Living? Yes  No

Father's Cell # \_\_\_\_\_ Father's Work # \_\_\_\_\_

Father's Email \_\_\_\_\_

Guardian's Name (if applicable) \_\_\_\_\_

Child lives with: Both parents  Mother  Father  Guardian

Name(s) and age(s) of brothers & sisters \_\_\_\_\_

Did any of the above attend New Life Community Pre-School?  Yes  No

Does your family have a home church?  Yes  No

If so, name of church: \_\_\_\_\_

Has your child previously attended a pre-school or daycare program?  Yes  No

If so, where? \_\_\_\_\_

Did your child have a positive experience? \_\_\_\_\_

Do you have any requests regarding your child's placement? Your requests will be taken into consideration but we cannot guarantee that all requests can be accommodated.

Is there anything about your child you feel his/her teacher should know (sensitive to loud noise, needs help in the bathroom, doesn't like to get hands dirty, difficulty separating from parents, etc....)?

Does your child receive any early intervention services (speech, OT, PT)?

Do you have any concerns regarding your child's readiness for kindergarten?

Where did you learn about New Life Community Pre-School?

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**PLEASE LIST ANY FOOD ALLERGIES AND LEVEL OF SEVERITY:**

**PLEASE LIST ANY MEDICAL INFORMATION THAT WE SHOULD BE AWARE OF:**

**DISMISSAL RELEASE AUTHORIZATION** for \_\_\_\_\_  
(Child's Name)

Who do you authorize to pick up your child (other than the parents) at dismissal?

PLEASE NOTIFY US **IN WRITING** OF ANY CHANGES

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

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Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY RELEASE:**

I give permission that in case of an emergency, my child \_\_\_\_\_  
may be taken to a hospital for medical treatment. (Child's Name)

Parent or Guardian Signature \_\_\_\_\_

**Emergency contact name and telephone number in case you cannot be reached.**  
(PLEASE PROVIDE MORE THAN ONE, AND NOTIFY US OF ANY CHANGES.)

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_