

ABIDING PRESENCE PRESCHOOL  
 4 Trescott Path, Fort Salonga, NY 11768  
 www.abidingpresencepreschool.com  
 aplcpreschool@gmail.com  
 (631) 269-4898



For Office Use only:  
 \$100 Application Fee \_\_\_\_\_  
 Rec'd Date \_\_\_\_\_  
 Ref. No. \_\_\_\_\_  
 Birth Certificate \_\_\_\_\_  
 Payment Agreement \_\_\_\_\_

## APPLICATION FOR ENROLLMENT 2021-2022

Please check your program of choice. Our programs run based on enrollment and we will do our best to accommodate your request.

**Pre-Kindergarten:** [4 years by Dec. 1, 2021]

- Full Day 9:00 am - 3:00 pm
- Half Day 9:00 am - 1:00 pm
  - 5 days/wk
  - 4 days/wk
  - 3 days/wk

Please circle preferred days:  
 M / T / W / TH / F

**Extended Care:**

Please indicate extended care needs:  
 \_\_\_\_\_

**Nursery:** [3 years by Dec. 1, 2021]

- Full Day 9:00 am - 3:00 pm
- Half Day 9:00 am - 1:00 pm
  - 5 days/wk
  - 4 days/wk
  - 3 days/wk

Please circle preferred days:  
 M / T / W / TH / F

**Extended Care:**

Please indicate extended care needs:  
 \_\_\_\_\_

**Toddler:** [2 years by Dec. 1, 2021] **Mini -Day 9:00 - 11:30**

- 3 days/wk
- 2 days/wk

Please circle preferred days:  
 M / T / W / TH / F

**Toddler:** [2 years by Dec. 1, 2021] **Half-Day 9:00 - 1:00**

- 3 days/wk
- 2 day/ wk

Please circle preferred days:  
 M / T / W / TH / F

### CHILD'S HOUSEHOLD INFORMATION (Please Print)

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_  
Last First MI

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

School District \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Home Email \_\_\_\_\_

### Secondary Household Information (if applicable):

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Alt. Phone (\_\_\_\_) \_\_\_\_\_

Alt. Email \_\_\_\_\_

### FAMILY INFORMATION:

Marital Status: Married\_\_\_ Divorced\_\_\_ Separated\_\_\_ Legal Guardian\_\_\_ Single\_\_\_ Other\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Alternate Phone (cell): \_\_\_\_\_

Alternate Phone (cell): \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_

Business Email: \_\_\_\_\_

Please complete the reverse side of this form →

**CHILD'S PERSONAL INFORMATION**

Preferred Name: \_\_\_\_\_  
Does your child speak English proficiently? Yes \_\_\_\_ No \_\_\_\_  
What other language does your child speak? \_\_\_\_\_  
Does your child have an IEP? Yes \_\_\_\_ No \_\_\_\_ (Individualized Education Plan)  
IEP Services provided by: \_\_\_\_\_

**How did you hear about Abiding Presence Preschool?**

Currently Enrolled \_\_\_\_ Parent of child \_\_\_\_  
Friend \_\_\_\_ Advertisement \_\_\_\_  
Local School \_\_\_\_ Church \_\_\_\_ Web Site \_\_\_\_  
Other: \_\_\_\_\_  
Who can we thank for referring you to our school?  
\_\_\_\_\_

**Allergies/Medical Conditions:** \_\_\_\_\_  
**Does your child have an EPI-pen?** Yes \_\_\_\_ No \_\_\_\_

**BROTHERS & SISTERS:**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Attends \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Attends \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Attends \_\_\_\_\_

**CHURCH MEMBERSHIP: (Church Name and Denomination)**

Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
Would you like to be added to our church newsletter email mailing list? Yes \_\_\_\_ No \_\_\_\_ (be sure to add email address on Side I)

**PERMISSIONS:**

**I give permission for my child's name, address, phone number, etc. to be included in the class list.**

(This list is provided only to the families of the children in the class to share contact information for play dates, birthday parties, class parties, etc.)

yes  no

\_\_\_\_\_  
Parent Signature

**I give permission for my child's picture to appear in brochures, publications, website, etc.**

(Names of children are not published along with pictures. School events are photographed for marketing and publicity purposes.)

yes  no

\_\_\_\_\_  
Parent Signature

**BIRTH CERTIFICATE ~ or ~ PASSPORT:**

A legible copy of the child's proof of birth date must be submitted with this application for all **new** children entering the school.

**APPLICATION FEE:** A \$100 non-refundable application fee must be submitted with this application.

**Valid MEDICAL/Record of IMMUNIZATIONS:** Required for entrance on first day of school. Valid for one year since most recent exam.

Abiding Presence Preschool grants to students of any race, color, religion, national and ethnic origin all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, nationality, or, ethnic origin in administration of its educational policies, admissions policies, or, other school administered programs. The school reserves the right to make appropriate and necessary changes in staffing, class configurations, classroom locations, and student placement, as needed.

I hereby certify that the information I have provided above is accurate. It is my intent to support my child's teachers and Abiding Presence Preschool in working with my child. I understand that the \$100 application fee is non-refundable and a \$25 fee may be charged if I make a program change. In addition, I have reviewed the Tuition and Fee Schedule, Late Fee, Returned Check Fee, and Refund Policy. I understand these procedures and agree to fulfill my financial obligations to Abiding Presence Preschool.

Person(s) responsible for tuition payments: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_