

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 2024-2025

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, 2024]

3 Year Old Program [3 years by Dec. 1, 2024]

☐ 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:

☐ 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, 2024] Mini –Day 9:00 – 11:30

☐ 3 days/wk ☐ 4 days/wk

☐ 2 days/wk ☐ 5 days/wk

Please circle preferred days:

M / T / W / TH / F

Toddler: [2 years by Dec. 1, 2024] Half-Day 9:00 - 1:00

☐ 3 days/wk ☐ 4 days/wk

☐ 2 day/ wk ☐ 5 days/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 M.I.

Secondary Household Information (if applicable):

Address _____ Address _____
City, State, Zip _____ City, State, Zip _____
School District _____
Home Phone () _____ Alt. Phone () _____
Home Email _____ 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 _____Additional forms will be needed for allergies.. Please speak to Director **before** starting!**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 1)

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**I give permission for my child's picture to appear on Dojo** Yes _____ No _____

Parent Signature

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 _____