

Kenmore United Methodist Church Nursery School

32 Landers Rd
Kenmore NY 14217

2018-2019 school year

FOR OFFICE USE ONLY

Date Received: _____

Application fee: _____

Class _____

2 YEAR OLD CLASSES

\$1200.00/year or

10 payments of \$120.00

9:15-11:15am

Monday/Wednesday _____

Tuesday/Thursday _____

3 YEAR OLD CLASSES

\$1250.00/year or

10 payments of \$125.00

Tuesday-Thursday 9:00-11:30

Tuesday-Thursday 9:15-11:45

Monday-Wednesday 9:00-11:30

3 DAY OPTION

\$1600.00/year or

10 payments of \$160

Mon-Wed-Fri 9:15-11:45 _____

4 YEAR OLD CLASSES

\$1800.00/year or

10 payments of \$180.00

Monday-Thursday

9:00-11:30am _____

***please check below if you would be interested in a 5 day program at \$2000/yr. This option will be decided based on interest.*

_____**

*****You may indicate a preference of days by numbering 1st, 2nd, and 3rd choice. We will try to accommodate, but cannot promise a specific class. If there is a specific reason why you need a particular class, please write it on your application or attach a note. **Please be sure to fill out both sides of this application.**

CHILD'S NAME (Last) _____ (First) _____ (Male ___ Female ___)

DOB _____ PRIMARY PHONE # _____ EMAIL _____

STREET ADDRESS _____ CITY _____ ZIP _____

FATHER'S NAME _____ FATHER'S ADDRESS _____

MOTHER'S NAME _____ MOTHER'S ADDRESS _____

FATHER'S OCCUPATION _____ cell# _____ BUSINESS PHONE _____

MOTHER'S OCCUPATION _____ cell# _____ BUSINESS PHONE _____

SISTERS (names and ages) _____
BROTHERS (names and ages) _____
CHILD'S DOCTOR _____ PHONE _____

If the parent/guardian cannot be notified of an illness or emergency, one of the following emergency contact person will be notified:

NAME _____ PHONE _____ RELATIONSHIP _____

NAME _____ PHONE _____ RELATIONSHIP _____

IF THERE ARE OTHER ADULTS LIVING IN THE HOME, WHAT IS THEIR RELATIONSHIP TO THE CHILD? _____

IS A SECOND LANGUAGE USED IN THE HOME? _____

IS YOUR CHILD TOILET TRAINED? _____

IS THERE A PET IN THE HOME? _____ KIND _____ NAME _____

IS YOUR CHILD USED TO BEING AWAY FROM HOME WITHOUT A PARENT? _____

DOES YOUR CHILD HAVE ANY SPECIAL HEALTH PROBLEMS? (allergies, hearing, heart condition, etc.)

(upon acceptance, each child must present yearly physical record with immunizations completed by physician)

IS THERE ANY SPEECH CONCERNS? _____

DOES YOUR CHILD RECEIVE ANY INTERVENTION SERVICES? _____

IF SO-WHAT SERVICES? AND HOW OFTEN?

(Therapists are welcome here during school hours)

IS THERE ANYTHING MORE YOU FEEL YOUR CHILD'S TEACHER SHOULD BE AWARE OF? _____

CURRENT CHURCH AFFILIATION _____

WHO RECOMMENDED OUR PROGRAM? _____

HAVE YOUR OTHER CHILDREN ATTENDED OUR NURSERY SCHOOL? _____

APPLICATION FEE: **\$50.00** (please attach check to the front of application. This fee is **NON-REFUNDABLE**.)

MAKE CHECKS PAYABLE TO: **KENMORE UNITED METHODIST CHURCH**
