

All Souls Preschool
55 Parkway Drive
Port Chester, New York 10573
914-939-4301
allsoulspreschool.com
email: info@allsoulspreschool.com

APPLICATION FOR _____ - _____ SCHOOL YEAR
(Please print legibly in ink)

CHILD'S NAME _____ BIRTH DATE _____ SEX _____

CHILD'S NICKNAME (if any) _____ E-Mail Address _____

HOME ADDRESS _____ CITY _____ ZIP _____

HOME PHONE # _____ PHYSICIAN'S NAME AND PHONE # _____

MOTHER'S NAME _____ FATHER'S NAME _____

PLACE OF BUSINESS _____ PLACE OF BUSINESS _____

POSITION/TITLE _____ POSITION/TITLE _____

BUSINESS ADDRESS _____ BUSINESS ADDRESS _____

BUSINESS PHONE # _____ BUSINESS PHONE # _____

*CELL PHONE _____ *CELL PHONE _____

CHECK ONE: _____ FOUR YEAR OLD PROGRAM - 4 years old by December 1st

_____ 5 days M-F ___ 4 days M-Th

Sessions Run 9 a.m. - 12 p.m.

please turn over

EMERGENCY NAME AND PHONE # (1) _____
(other than parent)

#(2) _____

Is your child in diapers _____, toilet training _____, (If so, does (s)he need reminding _____)?

Does your child nap (If so, when _____)?

Are there any special conditions which the teachers should know about (moving to a new home, new baby expected, etc. _____)

Sibling's name and ages _____

Are you a member of the All Souls Presbyterian Church? _____ What language(s) is spoken at home? _____

Are there any allergies or other health, dietary or religious restrictions? _____

Previous playgroup experiences? _____

Previous separation experience? _____

Previous speech or physical Early Intervention? _____

Other Important information specifics you would like to share?

PARENTS' TALENTS/HOBBIES (i.e. Holiday Crafts, Fundraising, Baking, Storytelling, Writing, Music, Sewing, etc.)

Is there any Holiday specific to your culture that you would like to share with us through a story, recipe or special snack? _____

Are you interested in volunteering as a Class Parent, Fundraising or other Committee Member? _____

A \$75 non-refundable registration fee is do at the time of enrollment. Checks made payable to: All Souls Preschool

PARENT SIGNATURE: _____

DATE: _____

This form with registration fee should be returned to: All Souls Preschool
55 Parkway Drive
Port Chester, New York 10573
Attention: Gina Flusser