

Yorktown Presbyterian Preschool

2880 Crompond mood
Yorktown Heights. New York 10598

Application Form

Child's Name _____ Date Of Birth _____ Male: ___ Female: ___

Home Address _____

Home Telephone _____ Cell phone _____

E-mail _____

Name

Occupation

Work Phone

Mother _____

Father _____

Have any other children in the family attended YPP? _____

If yes, please provide names and dates _____

Emergency Contacts/Pick up Information

If parent is not available in case of emergency, call:

1) Name _____ Phone _____ Relationship _____

2) Name _____ Phone _____ Relationship _____

Physicians Name _____ Phone _____

Describe any allergies, medical problems, special medications or prohibited foods:

Adults responsible for your child's transportation:

Name _____ Phone _____

Name _____ Phone _____

***To enable our teachers to best meet the needs of your child,
please provide us with the following helpful information.***

Name you wish your child to be called at school _____

Does child live with both parents? _____

School district the child will attend _____

Siblings Name Date of Birth Living in your home?

Other adults regularly in your household?

Name: _____ Relationship to child: _____

Has your child had any other preschool experience? _____

Where? _____ How long? _____

Have you ever used a babysitter other than a family member? _____

Any hearing or vision problems? _____

Any concerns about speech or language skills? Do other adults have difficulty understanding your child's speech? _____

Has your child received early intervention services? _____

If so, please describe the type of services and will these be continuing? _____

Has your child received services through the school district? _____

If so, what type of services and will these be continuing? _____

Is there anything else you feel we should know about your child? _____

A medical form must be supplied by your pediatrician and submitted to the school by September 15th. It must show proof that your child has been examined and is in good health and must include a record of all immunizations up to date.

Class preference, if any: AM: _____ PM: _____

A \$100 non-refundable registration fee must accompany this application.
Make checks payable to *First Presbyterian Church - Preschool*

Signatures of Parents/Guardian

Date

Yorktown Presbyterian Preschool
2880 Crompond Road
Yorktown Heights, N.Y. 10598

ACCEPTANCE CONTRACT

Child's Name: _____ Home Phone _____

Home Address _____

Parent Name(s): _____

I/We hereby agree, as a condition of enrollment and attendance of the above named child in the Yorktown Presbyterian Preschool, to the following:

1. Payment of yearly tuition whether my child is able to attend every scheduled school day or not. I understand that June's tuition is prepaid and due on the first day of the preceding May and is not refundable after July 1'. September – May tuition may be paid in monthly installments on my child's first day of school each month as an accommodation.

One month's advance notice shall be given to Yorktown Presbyterian Preschool in the event that my child is leaving said school. Returned checks will not be redeposited but I will be required to submit a money order, bank check or cash for the balance due, plus an additional amount to cover bank charges, as determined by our bank.

2. Participation in a rotating schedule as teacher-assistant in the classroom. I understand that I will find a substitute if I cannot take my turn on a given day. I understand that if I am a working parent (outside the home on a daily basis), I will pay an extra fee (to be determined yearly) to another parent who will take my place each time.

3. Participation in all fund raising events, parent meetings and some class trips.

4. As parent/guardian, I give my permission for the above-named child to go on all field trips as long as he/she attends Yorktown Presbyterian Preschool, unless I express otherwise in writing for a particular event. I also understand that if I do not wish to have my child participate in a field trip I will be required to keep my child out of school for his/her class session without any reimbursement or reduction in tuition for that session.

5. I understand that parents/guardians will be participating as drivers for any field trips and that I must provide the age-appropriate car/booster seat for my child, as mandated by New York State law.

6. I agree to hold Yorktown Presbyterian Preschool harmless for any liability for claims of injury, illness or accident suffered by the above-named child as a result of enrollment, attendance or participation in activities in Yorktown Presbyterian Preschool.

7. In the event that I/We or those listed on the application form as emergency contacts cannot be reached, I authorize my child's teacher or the director of Yorktown Presbyterian Preschool to consent to treatment in an emergency when immediate action is required.

Signature(s)

Parent(s)/Guardian(s)

Date