**Yorktown Presbyterian Preschool**

2880 Crompond Road

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 he 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?

How did you hear about YPP? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.**

A $100 non-refundable registration fee must accompany this application.

Make checks payable to *Yorktown Presbyterian Preschool*

Signatures of Parents/Guardian Date