



Salem Pre-School

114 Morgan Street
Tonawanda, NY 14150
716-692-3429
www.salemchurchtonawanda.org

for office use only *Revised 01-20*

2-day T/Th 3-day M/W/F 5-day M-F

1ST SEMESTER

2ND SEMESTER

_____ Deposit Paid _____ Deposit Paid

_____ Paid in Full _____ Paid in Full

_____ Immunization Record Received

_____ Registrar Notified

PLEASE NOTE:

1. **A \$50.00 non-refundable deposit (2-day), \$75.00 (3-day) or \$100 (5-day) is required upon registration.**
The remaining tuition is required before the start of school. Payment may be made throughout the summer at the Church Office.
2. Make checks payable to: **Salem United Church of Christ.**
3. Although registrations will be accepted at any time, **APPLICATIONS and DEPOSITS received by APRIL 1** will receive priority for the upcoming school year.

Name of Child _____ **Birth date** _____ boy / girl

Address _____ **Home Phone** _____
Street City Zip

Mother's (or Guardian's) Name _____ **Cell Phone** _____

Address and Home Phone if different from above: _____

Mother's (or Guardian's) place of employment: _____ **Work Phone** _____

Father's (or Guardian's) Name _____ **Cell Phone** _____

Address and Home Phone if different from above: _____

Father's place of employment: _____ **Work Phone** _____

In case of emergency contact (other than yourself)

Name: _____ Phone _____

Names and ages of siblings: _____

Member of a church or faith community? (if yes, which)

How did you find out about us?

Medical Information

Immunizations

To meet the requirements as stated in the Compulsory Immunization Law of New York State, **please attach a Proof of Immunization Form from your Pediatricians Office.** (If your Pediatrician does not have a form of their own, one can be furnished upon request from the Preschool Registrar)

Proof of Immunization must be submitted on or before the first day of school.

Special Concerns

So that we can provide the best possible learning environment for your child, please tell us about any special needs or concerns:

Food or other allergies? No Yes (if yes, please list)

Hearing or speech concerns? No Yes (if yes, please describe)

Other medical, developmental or social issues that we should be aware of?
 No Yes (if yes, please describe)

Consents

Emergency Medical Care

If neither I, my child's other parent or guardian, nor the person I have designated on the front of this registration form cannot be reached during an emergency, I authorize staff members of the Salem Pre-School to act on my behalf and approve medical treatment at the nearest medical facility.

➤ **Signature of Parent (Guardian)** _____ **Date** _____

Class Walking Trips

I give consent for my child to go on short walking trips with the Nursery School.

➤ **Signature of Parent (Guardian)** _____ **Date** _____

Photographs

I give consent for my child's photograph, taken during school activities, to be submitted to the local newspapers for publication and/or included on Salem's Pre-School website.

➤ **Signature of Parent (Guardian)** _____ **Date** _____

General Information:

- School begins at 9:30 and is over at 12:00 noon. Promptness in picking up your child would be appreciated.
- School will not be in session the days which are holidays for the Tonawanda City School District nor on "snow days" for the Tonawanda City schools. A Preschool Calendar will be sent home when school starts with exact dates.
- You will be receiving a letter in late August informing you of the first day of Pre-School.
It is our practice to share student contact information with other parents for car pooling, etc.

Please check here if you do NOT want this information shared: Do NOT share contact information with other parents