



CIRCLE OF FRIENDS PRESCHOOL

1211 Manitou Road
Hilton, NY 14468
585-392-4010

Registration Form

Child's Name _____ **Nickname** _____
Last, First

Address _____ **Home Phone** _____
Town Zip code **Birth date** _____

Father
Name _____

Mother
Name _____

Occupation _____

Occupation _____

Business Phone _____

Business Phone _____

E-mail address _____

E-mail address _____

Class: (please check one)

3-year-old morning class (2 days)
Tuesday & Thursday
9:00 am- 11:15 am

4-year-old morning class (3 days)
Monday, Wednesday and Friday
9:00 am- 11:30 am

Emergency Information: In case of illness or injury, if no answer at home, please notify:

Neighbor/Relative _____ **Phone** _____

Doctor _____ **Phone** _____

Known Allergies _____

Does your child have an emotional or physical problem? _____

If yes, would you like a conference with the teacher before school begins? _____

Would you be interested in a position on the Circle of Friends Preschool Board? _____

If so, which position(s) would you be most interested in? _____

Do you have any suggestions for interesting field trips, speakers or project? _____

How did you hear about Circle of Friends Preschool? _____

Please list names and birthdates of other children in the family and whether they attended Circle of Friends: _____

Registrar's Use Only:

Date Registration Received:

Registration Check Amount:

1st payment received:

1st payment amount:

2nd payment received

2nd payment amount:

3rd payment received

3rd payment amount:

4th payment received

4th payment amount:

