Big Flats Preschool
109 Hillview Drive
Big Flats, NY 14814
(607) 562-3422
bigflatspreschool@gmail.com
www.bigflatspreschool.com

# 2024-2025 Registration Form

Child's Name: _____

Name to teach for handwriting purposes: _____

Date of Birth: _____   Age on 12/1/24*: _____   Sex:   ☐ M  ☐ F

*Age on this date determines class placement.*

**2-Year-Old Class**        ☐ **2 Day Option**
*2 Day: Tue. & Thur.*

**3-Year-Old Class**        ☐ **3 Day Option**        ☐ **4 Day Option**        ☐ **5 Day Option**
*3 Day: M, W, F*                *4 Day: M, W, F & Tue. or Thur.*   *5 Day: M-F*

**4-Year-Old Pre-K Class***   ☐ **3 Day Option**        ☐ **4 Day Option**        ☐ **5 Day Option**
*3 Day: M, W, F*                *4 Day: M, W, F & Tue. or Thur.*   *5 Day: M-F*

*All Pre-K students are required to be potty-trained.*

**A $125 non-refundable registration fee is due with registration.**
**A current Immunization Record and Medical Emergency Form must be on file to begin preschool.**

How did you hear about us? : _____

Mother's Name: _____   Cell Phone: _____
Employer: _____   Occupation: _____

Father's Name: _____   Cell Phone: _____
Employer: _____   Occupation: _____

Home Address: _____   City, State & Zip: _____
Home Phone: _____   Email Address: _____

Does your child have any allergies or medical history about which we should know?   **YES   NO**
If yes, please explain: _____
_____

Does your child receive any special services (OT, PT, Speech, SEIT)?   **YES   NO**
If yes, please explain: _____
_____

Please list **two** emergency contacts (**other than parents**) that can be reached if you are not available. Contacts should be available to pick your child up from preschool if needed.

Name: _____   Relationship: _____
Home Phone: _____   Cell Phone: _____

Name: _____   Relationship: _____
Home Phone: _____   Cell Phone: _____