



NURSERY SCHOOL APPLICATION FORM 2010-2011 School Year

Parents' Names: _____

Child's Name: _____ Boy ___ Girl ___ Child's Birthdate: _____

Address: _____

Home Phone #: _____ Email Address:* _____

***Receive Our Exclusive Kenan Center E-Newsletter! By providing an email address, you'll automatically be signed-up to received regular updates on your favorite Kenan Center programs and events.**

Please check the class in which you'd like to enroll your child:

_____ Half Day, 3-Year-Olds: Tuesday & Thursday, 9:00 a.m. to 11:45 p.m.

_____ Half Day, 4-Year-Olds: Monday, Wednesday & Friday, 9:00 a.m. to 11:45 p.m.*

- Determination of child's readiness to participate in a 3-day class is made by the Nursery School Director.

Places of Employment

Mother: _____ Phone #: _____

Father: _____ Phone #: _____

In case of medical emergency, call _____

Please give the name and relationship of persons who can be reached if you are not available:

1.) _____

Address _____ Phone _____

2.) _____

Address _____ Phone _____

I hereby give my permission for photographs and/or videos of my child to be shown in promotional, informational, and website materials for the promotion of the Kenan Center.

Parent or Guardian Signature

Date

**Please return form with non-refundable application fee of \$45 for Kenan members and \$55 for non-members to:
KENAN CENTER, 433 Locust St., Lockport, NY 14094.**

FOR OFFICE USE ONLY

_____ DATE RCV'D

_____ \$45 MEMBER FEE PD

_____ \$55 NON-MEMBER FEE PD