

ABC Preschool Sign Up Form

234 Floral Park St. Islip Terrace, NY 11752

1230 Motor Pkwy, Central Islip, NY 11722

Child's Name: _____

Child's Address: _____

Child's Birth date: __/__/_____

Gender: Male or Female

Program: 3 year old or 4 year old

How many days a week will your child be attending? 2 Days 3 Days 5 Days

Mother's Name: _____

Mother's Home Phone: _____

Mother's Cell Phone: _____

Mother's Address (if different from Child's): _____

Mother's Name of Employment and phone number: _____

Father's Name: _____

Father's Home Phone: _____

Father's Cell Phone: _____

Father's Address (if different from Child's): _____

Father's Name of Employment and phone number: _____

Emergency Contact Name: _____

Emergency Contact Cell Phone: _____

Relationship to child: _____

People Authorized for child's pickup: _____

Marital Status of Parents: _____

Does your child have a Stepfather/Stepmother caring for him or her? _____

Does your child have any siblings? If yes, How many? _____

Please list other individuals living at home: _____

Do you give ABC Preschool permission to post pictures of your child online or on advertisements? _____