

UCC NURSERY SCHOOL
2024-2025 Nursery School Registration Application

CHILD 'S NAME _____ DATE OF BIRTH _____ M ☐ F ☐

NAMES OF PARENTS/GUARDIANS _____

ADDRESS: _____
(Street) (Apt#) (City) (Zip Code)

PHONE NUMBERS: _____
(Home) (Cell) (Work)

PLEASE REGISTER MY CHILD FOR:

<input type="checkbox"/> 2 yr old program	Monday/Wednesday am	9:15-11:15am	\$225 per month / \$825 per trimester
<input type="checkbox"/> 2 yr old program	Tuesday/Thursday am	9:15-11:15am	\$225 per month / \$825 per trimester
<input type="checkbox"/> 3 yr old program	Monday thru Friday am	9-11:30am	\$285 per month / \$1045 per trimester
<input type="checkbox"/> 3 yr old program	Monday/Wednesday/Friday am	9-11:30am	\$225 per month / \$825 per trimester
<input type="checkbox"/> 3 yr old program	Monday/Wednesday/Friday pm	12:30-3pm	\$225 per month / \$825 per trimester
<input type="checkbox"/> 3 yr old program	Tuesday/Thursday am	9-11:30am	\$210 per month / \$770 per trimester
<input type="checkbox"/> 4 yr old program	Monday thru Friday am	9-11:30am	\$285 per month / \$1045 per trimester
<input type="checkbox"/> 4 yr old program	Monday thru Friday pm	12:30-3pm	\$285 per month / \$1045 per trimester
<input type="checkbox"/> 4 yr old program	Monday/Wednesday/Friday am	9-11:30am	\$225 per month / \$825 per trimester
<input type="checkbox"/> 4 yr old program	Monday/Wednesday/Friday pm	12:30-3pm	\$225 per month / \$825 per trimester

Please complete this application and send it with the \$75 registration fee to 215 Blackberry Rd., Liverpool NY 13090.
Please make checks payable to UCC Nursery School.

I understand that the registration fee and first months tuition (due August 1, 2024) are non-refundable.
I understand that trimester tuition payments are due- August 1, 2024, November 1, 2024, and February 1, 2025.
I understand that monthly auto-pay will be a payment option (August 1, 2024-June 1, 2025)

I have read and completed all pages required to complete the registration process:

___ Registration Application ___ Emergency Treatment Permit ___ Child Information form
___ Immunization Records (can be faxed 315-652-9678 or mailed to UCC)

I give my permission to UCC Nursery School to include my child's photograph in church publications and on our church Facebook page. Yes ☐ No ☐

(Signature of Parent or Guardian)

(Date)

Please add any other information you feel will be important to the teacher's understanding of your child.

OFFICE USE ONLY

Amount _____ Date Rec'd _____ CK# _____ Cash _____

UCC NURSERY SCHOOL

Child Information Form

Child's name: _____ Date of Birth: _____ M ☐ F ☐

Nickname: _____ Right or Left Handed: _____

Sitter Name and phone number: _____

Family Information

Child lives with: Both parents ☐ Mom ☐ Dad ☐ Guardian and/or step parent ☐

Address: _____ Home Phone: _____
(Street) (City) (Zip Code)

Mother/Guardian

Name: _____ Cell: _____ Email: _____

Place of Employment: _____ Work Phone: _____

Father/Guardian:

Name: _____ Cell: _____ Email: _____

Place of Employment: _____ Work Phone: _____

Siblings: Names and ages _____

Relevant custody information: _____

Health Information

Pediatrician's Name and Number _____

Current Medications _____

Allergies & Treatment _____

Other information or special services your child receives _____

Emergency Contact & Transport Information

Parents will be contacted first. At least ONE emergency contact is required (other than parents).

Name	Relationship	Phone 1	Phone 2	OK to Transport
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

(Signature of Parent or Guardian)

(Date)

Emergency Treatment Operative Permit

UCC Nursery School

Please complete EITHER the consent (top) OR refusal (bottom).

Consent

In case of emergency, I _____ (Parent / Guardian), being legally empowered to do so, hereby grant to the UCC Nursery School, its staff and teachers, the right to give a licensed attending physician or surgeon and/or hospital, permission and consent for emergency treatment and surgery for _____ (Child's Full Name)

In the event that I am not available when such treatment or surgery is needed, I prefer to have my child taken to _____ (Name of Hospital)

I have read the above consent and understand the contents thereof:

(Parent/Guardian Signature)

(Witness Signature)

(Parent/Guardian Printed Name)

Refusal

I have read the above consent and will not sign for the following reason(s): _____.

I understand that the UCC Nursery School will be held harmless should any doctor or hospital refuse to administer care to _____ (Child's Full Name) as a result of my refusal to sign this Emergency Treatment Operative Permit.

I have read the above refusal and understand the contents thereof:

(Parent/Guardian Signature)

(Witness Signature)

(Parent/Guardian Printed Name)