



FIDDLER'S LANE COOPERATIVE NURSERY SCHOOL

91 Fiddler's Lane
Latham, New York 12110
(518) 783-8314

www.FiddlersLaneNurserySchool.com

REGISTRATION APPLICATION

20__ -20__ SCHOOL YEAR

Class Session: 3 year old program: ___AM
4 year old program: ___AM ___PM ___5-day PM

Child's Name: _____ Date of Birth: _____

Nickname Preferred: _____ BOY / GIRL (circle one)

Address: _____ City: _____ Zip: _____

Home Telephone Number: _____

Mother's Name: _____ Father's Name: _____

Occupation: _____ Occupation: _____

Phone Number(s): _____ Phone Number(s): _____

E-Mail Address: _____

If unable to reach parents at the above number(s), please indicate two (2) people who could be contacted during the day:

Name: _____ Name: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Relationship: _____ Relationship: _____

Please read the following clause required by our insurance carrier:

I authorize Fiddler's Lane Nursery School, Inc. to provide or seek emergency medical treatment for my child in the event I or individuals listed above cannot be contacted.

Parent's Signature: _____ Date _____

As parents in a cooperative nursery school, we agree to the following:

Tuition will be paid according to the plan chosen in addition to the \$60 non-refundable registration fee.

We will provide snack for the class on our scheduled snack day, assist the teacher on that day, if possible, and help clean up classroom after class (Siblings do not accompany parents on snack/helper days).

We will be involved in the daily activities of the nursery school by contributing to committees, attending at least one Parent Council Meeting and participating in fundraising events.

Mother's Signature _____ Father's Signature: _____



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Does your child have any siblings? YES / NO

(If yes, please list names and ages) _____

Has your child had previous group play / group learning experience? YES / NO

(If yes, please list activities in which your child has been involved) _____

Are there any conditions requiring special attention by preschool staff (i.e. Speech, OT, PT, Special Ed, and any other Early Intervention Services)? YES / NO

(If yes, please describe) _____

Please indicate anything else you feel the preschool staff should know about your child (i.e. Allergies, Dietary Restrictions, Difficulty Separating, Toileting Issues) _____

I understand that my child is accepted in Fiddler's Lane Nursery School only upon payment of the \$60 non-refundable registration fee and completion of the application forms. I also understand that my child will not be able to attend school without proof of immunizations.

Parent's Signature: _____

Field Trip Permission Slip:

My child has permission to attend all field trips scheduled by Fiddler's Lane Nursery School for the school year. I understand I will be notified of upcoming field trips and that I will be responsible for my child's transportation.

Date: _____ Parent's Signature: _____



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PARENT PARTICIPATION FORM
20__ - 20__ SCHOOL YEAR

Child's Name: _____ Class: _____

This is a **cooperative** nursery school. We are unable to function fully without you!!

Please check one committee that you can commit to serve on for the school year.

- _____ **HOSPITALITY** – plan the preparation of, serving and cleaning up of refreshments at fundraising events and/or open houses (2-3 events per year).
- _____ **FUNDRAISING** – plan and coordinate fundraising activities for the school. Several people needed.
- _____ **PICNIC** – coordinate the end of the year picnic. Several people needed.
- _____ **CLEAN UP REP** – call and remind parents of assigned clean up day and advise them what needs to be done.
- _____ **CLASS REP** – prepare parent helper schedule, may help at class parties, attends board meetings, helps contact class members in case of cancellation of field trips or class. One helper is needed per class.
- _____ **GRADUATION CLEAN UP AND/OR SET UP** - (this is for 3 year old families only). Help with graduation in early June. Help out with setting up, refreshments, and clean up.
- _____ **NO PREFERENCE** – will help out where needed.

Would you be willing to serve as chairperson of your committee? YES / NO

Would you be available to meet with your committee during the evening if needed? YES / NO



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GENERAL INFORMATION

20__ - 20__ SCHOOL YEAR

Child's Name: _____ Class: _____

How did you find out about our school? _____

Do you play any instruments? (If so, please identify) _____

Do you have any special talents in the area of arts and crafts? _____

Do you have access to any discounts that may be helpful to the school? (If yes, please identify)

Do you have access to any items that the school might be able to use in relation to the room, equipment or materials that the teacher(s) may need for their projects? (If yes, please identify)

Would you be willing to substitute for the teacher(s) if necessary? _____

If there is anything else about yourself that you feel may be beneficial to our school, please share it with us. _____

Please check one:

- Returning Student
- Sibling of Current Student
- Sibling of FLNS Alumnus
- New to FLNS

Please send your **completed registration application** along with the **\$60 non-refundable registration fee** (*check made payable to Fiddler's Lane Nursery School*) to:

Fiddler's Lane Nursery School
c/o Registrar
91 Fiddlers Lane
Latham, NY 12110