



P.O. Box 463 Hamburg, NY 14075

# 2018-2019

## Registration Application

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  M  F

Nickname (only if child goes by a different name than given name) \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Father/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Address (if different) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell/Work Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Child lives with  both parents  mother  father  other \_\_\_\_\_

Are you alumni of LSCNS (has anyone in your immediate family attended LSCNS in the past)?  Yes  No

How did you hear about us? \_\_\_\_\_

### Class Options

#### **3 Year Old Program**

Tuesday & Friday

- Morning Session (9:00-11:30 a.m.)
- Afternoon Session (12:15-2:45 p.m.)

Tuition \$115.00 monthly

#### **4 Year Old Program**

Monday, Wednesday & Thursday

- Prekindergarten Session  
(9:00 a.m.-1:00 p.m.)

Tuition \$154.00 monthly

**\$50.00 Registration Fee (applicable to new students only, non-refundable)**

Pay online at [lscns.org](http://lscns.org) or make checks payable to Lake Shore Cooperative Nursery School

Office Use Only: Paid Check # _____ Cash _____ PayPal _____ Date _____
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