



Application For Admission

4 East Henrietta Road
Rochester, NY14620
(585) 633-8935
www.ebns.org

Date _____

Child's Name _____ Birth Date _____ Sex (circle one) M F

Address _____ ZIP _____ Phone _____

The following information must be completed in order for your child to be registered. Please check which parent should be considered the primary contact for your family.

Parent/Guardian Name _____ Phone Home _____
Address _____ Cell _____
Occupation _____ Work _____
Email Address _____

Parent/Guardian Name _____ Phone Home _____
Address _____ Cell _____
Occupation _____ Work _____
Email Addresses _____

Pediatrician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Names and phone numbers of two other people who may be reached in an emergency

Name _____ Phone _____

Name _____ Phone _____

Toilet Trained Yes _____ No _____ In the process _____

Please check one

- _____ New child
- _____ Returning child
- _____ New child but returning family

Program Desired (Please check one)

- _____ T & TR AM Nursery School Class for 3-4 year olds
- _____ M, W & F AM Nursery Class for 4-5 year olds
- _____ M-F AM KinderGarden Class for 5-6 year olds

Sibling information Please list the names and ages of your preschooler's siblings

How did you hear about EBNS? (Check all that apply.)

- _____ Alumni Family _____
- _____ Facebook _____
- _____ Kid's Out and About _____
- _____ Internet Search finding EBNS website _____
- _____ Other _____