



Application For Admission 2019-2020

4 E. Henrietta Rd.
Rochester, NY 14620
(585) 633-8935
www.ebns.org

Date _____

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

Street Address _____ City _____ ZIP _____

The following information must be completed in order for your child to apply for placement at EBNS.

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

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

Program Desired (Please check one)

- _____ T & TH 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

If applicable, who else do you permit to drop-off and pick-up your child? _____

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

- We are a returning family _____
- Internet Search finding EBNS website _____
- From an alumni or current family _____
- Facebook _____
- Advertising: where? _____
- Other (please specify) _____
- Flyer: where? _____

Annual Tuition and Involvement Information for 2018-2019:			
	T & TH Mornings Class (For 3 to 4-Year-Olds)	M, W & F Mornings Class (For 4 to 5-Year-Olds)	M - F Mornings Class (For 5 to 6-Year-Olds)
Dollar Cost	\$1,050	\$1,450	\$2,075
Time Involvement (ranges from an avg. of 1-5 hrs per week, or 100 hrs/year)	<ul style="list-style-type: none"> •Parent Helper Days in the Classroom (~6-7 days) •Parent Team Responsibility (possible Board position) •Participation in School Fundraising •Attendance at School and Community Events 	<ul style="list-style-type: none"> •Parent Helper Days in the Classroom (~7-8 days) •Parent Team Responsibility (possible Board position) •Participation in School Fundraising •Attendance at School and Community Events 	<ul style="list-style-type: none"> •Parent Helper Days in the Classroom (~8-9 days) •Parent Team Responsibility (possible Board position) •Participation in School Fundraising •Attendance at School and Community Events

I/We understand the commitment involved in being part of the EBNS Community Co-op. Being part of a co-op is something our family desires, and is willing and able to do:

Yes _____

No _____

I have questions _____ (you will be contacted by a member of the Registrar Team)

Application Questions

What attracted you to EBNS? What portions of the EBNS program do you think your child will benefit from the most? What primary talents of your child do you hope to see developed at EBNS?

What drew you to EBNS as a cooperative nursery school? How do you hope your family will benefit from being part of the EBNS cooperative community?

Optional Information - Information provided here will not affect your application in any way

Who lives at home with your child? _____

Sibling Information: Please list names and ages of your preschoolers' siblings

Primary Language Spoken at home: _____ Secondary Language Spoken at home: _____

Ethnicity: _____