



Canal Town Nursery School
Western Presbyterian Church
P.O. Box 415
Palmyra, New York 14522
(315) 597-4194
www.ctnschool.org

**Registration Application for Admission
2017 – 2018**

Child's Full Name _____

Nickname _____ Date of Birth ____/____/____ Sex _____

Home Address _____ Zip _____

Home Phone () _____ Cell Phone () _____

Father's Work () _____ Mother's Work () _____

Email Address _____

Father's Full Name _____ Occupation _____

Business Address _____

Mother's Full Name _____ Occupation _____

Business Address _____

In Case of Emergency Call: Name _____ Relationship _____

This number must be different than your home telephone number: () _____

Names and ages of other children _____

Others in household _____

Does your child have any special needs that our teachers should be aware of? If yes, please explain: _____

I am registering my child for: (Check one)

UPK (Mon.-Fri.)

Three Year Old Program (T,TH)

Multi-age Program for older 3's and 4-year old's (METH)

A non-refundable \$25.00 registration fee must accompany this application. Check should be made payable to CTNS. Please return completed form to: Canal Town Nursery School, P.O. Box 415 Palmyra, New York 14522.

(over)

THE FOLLOWING PEOPLE HAVE MY PERMISSION TO PICK UP MY CHILD:

_____, _____, _____, _____
_____, _____, _____, _____

I ***DO/DO NOT*** give permission for my child's photo to be used in Canal Town Nursery School printed ads, media and brochures for public relationship purposes.

I ***DO/DO NOT*** give permission for my child to participate in walking field trips while at Canal Town Nursery School.

I ***DO/DO NOT*** give permission to Canal Town Nursery School to use my name, address and phone number on a parent-to-parent contact list for activities outside of CTNS.

Signature of Parent/Guardian _____

Date _____