



Presbyterian Community Nursery School  
"Get Ready for Kindergarten!"

**KINDERGARTEN READINESS  
SUMMER PROGRAM 2016**

For children entering Kindergarten  
in September 2016.

MONDAY—THURSDAY  
9:00 AM—11:30 AM

This program is designed to further prepare children for Kindergarten. This program is taught by Angela Latham (Miss Angela), a New York State certified teacher with over 10 years experience. The program will focus on Reading Readiness, Math Readiness, Writing and Fine Motor Skills, as well as other *fun activities*.



Session: June 20—July 28 (six weeks)  
\$500.00



**Sign up by June 1st. The school has to hire summer staff and set up classes. Registrations will not be accepted once the program begins.**

Forms available in office starting April 11, 2016

150 Pittsburgh Avenue, Massapequa, NY 11758  
Telephone: (516) 541-0864 Fax: (516) 541-3368

# Presbyterian Community Nursery School

## KINDERGARTEN READINESS REGISTRATION FORM

Summer Program 2016

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Monday-Thursday 9:00AM-11:30AM**  
**For children entering Kindergarten in the fall ONLY**

\_\_\_\_\_ Kindergarten Readiness June 20-July 28  
\$500.00

**Summer program tuition and an immunization record (new students only) are due no later than June 1, 2016. Please include one self-addressed, stamped envelope.**

OFFICE USE ONLY:

Classroom: \_\_\_\_\_ Teachers: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

**OVER FOR EMERGENCY CONTACT INFORMATION ▶ ▶ ▶**

# Presbyterian Community Nursery School

## STUDENT INFORMATION FORM Summer Program 2016

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Pediatrician Information:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies: \_\_\_\_ Y \_\_\_\_ N (if yes, please explain) \_\_\_\_\_

Does your child require an Epi-Pen? Yes \_\_\_\_\_ No \_\_\_\_\_

***New students only: Please attach a copy of your child's immunization record.***