

## 2023-2024 Registration Application

P.O. Box 463	Hamburg, 1	NΥ	14075
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Child's Name	Date of Birth Gender M	
Nickname (only if child goes by a different name than g	iven 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		
Are you alumni of LSCNS (has anyone in your immediate		
How did you hear about us?		
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<u>Class C</u>	<u>Options</u>	
3 Year Old Program	4 Year Old Program	
Tuesday & Friday	Monday, Wednesday & Thursday	
Morning Session (9:00-11:30 a.m.)	Prekindergarten Session	
Afternoon Session (12:15-2:45 p.m.)	(9:00 a.m1:00 p.m.)	
Tuition: 10 monthly payments of	Tuition: 10 monthly payments of	
\$132.00	\$182.00	
\$50.00 Registration Fee (applicable to	o new students only, non-refundable)	
	ole to Lake Shore Cooperative Nursery School	
Office Use Only: Paid Check # Ca	ish PayPal Date	