

2025-2026 Registration Application

P.O. Box 463 Hamburg, NY 14075

Child's Name	Date of Birth Gender M F
Nickname (only if child goes by a different name than g	given 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
<u></u>	father
Are you alumni of LSCNS (has anyone in your immediat	te family attended LSCNS in the past)?
How did you hear about us?	
Class (<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.)
Annual Tuition: \$1,620.00	Annual Tuition: \$2,480.00
(10 monthly payments of \$162.00)	(10 monthly payments of \$248.00)
\$60.00 Registration Fee (applicable t	o new students only, non-refundable)
Pay online at Iscns.org or make checks paya	ble to Lake Shore Cooperative Nursery School
Office Use Only: Paid Check # Ca	ash PavPal Date