

# ELLIS HOLLOW NURSERY SCHOOL REGISTRATION 2017- 2018



Please return the completed registration form with a \$285 deposit, payable to Ellis Hollow Nursery School. The deposit is refundable once your child completes the school year.

Please send the form and deposit to the School Registrar -  
Alexis Falise, 394 Beam Hill Rd, Freeville, NY 13068.

If you have questions, contact the Registrar at [ellishollowns@gmail.com](mailto:ellishollowns@gmail.com).

**Date:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Nickname (if any):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Has your child ever attended preschool before? If "yes", where?**

**What are your child's special interests?**

**Is there information of any kind that will help us better understand your child (*for example - fears, shyness, adoption, disabilities, etc.*)?**

**What do you hope your child gains from preschool?**