

GREAT BEGINNINGS
Pleasantville Presbyterian Church
400 Bedford Road Pleasantville, New York 10570

PLEASE PRINT CLEARLY

Child's Name _____

Name to be used in school _____ Gender _____ Birth date _____

Address _____
Number Street Town Zip

Parent's Name _____ Occupation _____

Preferred Phone _____

Email _____

Permission to include email address on class list: YES _____ NO _____

Business Address & Phone _____

Parent's Name _____ Occupation _____

Preferred Phone _____

Email _____

Permission to include email address on class list: YES _____ NO _____

Business Address & Phone _____

CLASS (AGE GROUP): (Please circle): Older Twos (W/F) Threes Fours

PROGRAM REQUESTED: (Please circle):

T/Th W/F T/W/Th T/W/F W/Th/F T/Th/F +SM T/W/Th/F M/T/W/Th/F

*List any ALLERGIES or HEALTH CONDITIONS that could in any way affect your child's participation in school activities:

Child's Physician _____ Phone _____

Name of person to contact if you cannot be reached: _____
Phone _____

CHECK ONE: \$75 Registration Fee and First Installment

_____ Enclosed _____ Paid Online

I found out about Great Beginnings from: (check all that apply)

Referred by (name): _____

___ Website ___ Facebook ___ Other: _____ (Rev.2023)