



# Katrina Trask Cooperative Nursery School

24 Circular Street  
Saratoga Springs, New York 12866  
(518) 584-8968

## Registration Form

Registering for:  3 year old class - Tuesday and Thursday mornings, 9:00 am - 11:30 am  
 4 year old class - Monday, Wednesday, & Friday mornings - 9:00 am - 12:00 pm

Child's name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Sex: M F

Home address: \_\_\_\_\_

Home phone number: \_\_\_\_\_

\_\_\_\_\_

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

Father's name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

\_\_\_\_\_

Cell phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

\_\_\_\_\_

Cell phone: \_\_\_\_\_

Person responsible for tuition: \_\_\_\_\_

Have you previously had a child enrolled at Katrina Trask? Yes No

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

Year enrolled: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any other children in the family? Yes No

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child ever had any other nursery school experiences? Yes No

If so, where and when? \_\_\_\_\_

Please return this form and a deposit of \$100 to the Registrar at the above address. \$30 is your registration fee; \$70 is applied towards your annual tuition. Please make checks payable to Katrina Trask Nursery School.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Received by Registrar

\_\_\_\_\_  
Check #

\*Lottery registrants will have the full deposit returned if your child is not chosen for a slot. There is no monetary obligation to be placed on the waiting list. If a child withdraws within 30 days of registering, 70% of the deposit will be refunded. Deposits received after June 30<sup>th</sup> are non refundable in their entirety. Rev 01/08