

Open Door Nursery School

5681 Main Street, Williamsville, NY, 14221 (716) 633-1655

AGREEMENT FORM

I hereby enroll _____ in the Open Door Nursery School for the coming year Sept. _____ to May _____ and give my permission for full participation in all school activities. I agree to the policies and conditions of the school as outlined. A current copy of your child's immunization record signed by his/her pediatrician must be on file at O.D.N.S. before **Sept. 1st** of the upcoming school year. Please send to above address.

Signed _____

Date _____

In case of emergency or illness, please list the name and telephone number of someone you would like us to call if we are unable to contact you.

Name: _____ Phone: _____

PLEASE MAKE YOUR SELECTION

_____ Pre-K: Mon/Tues/Wed/Thurs. 9-12 A.M

_____ 4 Year-Olds: Monday/Wednesday /Friday 9-11:30 A.M.

_____ 3 Year-Olds: Monday/Wednesday/Friday 9-11:15 A.M

_____ 3 year-Olds: Tuesday/Thursday 9-11:15 A.M.

Teacher requests will be honored to the best of our ability without compromising our boy/girl classroom ratio.