

Youngerman Center Preschool Program

Pre-Registration

School Year _____

Today's Date	
Child's Name	
Child's Date of Birth	
Parents/Guardians	
Email Address	
Address/City/Zip	
Telephone Number	

Briefly explain why you are interested in enrolling your child in the YC Preschool Program:

Do you have any concerns regarding your child's speech and language skills? ☐ Yes ☐ No

If yes please explain:

Has your child received services or are they currently receiving services through Early Intervention or your school district (Committee on Preschool Special Education)?

☐ Yes received services in the past

☐ Yes currently receiving services

☐ No has not received services

If yes please list the services they received/are receiving:

How did you hear about YC Preschool?

Please mail or drop off the form to:

Missy Hooper@ SUNY Fredonia

Youngerman Center

280 Central Avenue

W123 Thompson Hall

Fredonia, NY 14063

missy.hooper@fredonia.edu

716-673-4676 fax 716-673-3235