

# **PLEASANTVILLE CHILDREN'S CENTER REGISTRATION 2025 – 2026 (NEW FAMILIES)**

Both sides must be completed and returned with the non-refundable registration fee AND tuition deposit to secure a spot in a class. **Please complete one form per child.** Checks payable to: Pleasantville Children's Center.

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GENDER \_\_\_\_\_  
REFER TO MY CHILD BY THE NAME: \_\_\_\_\_ (Preferred phone/e-mail will be used for class list distribution and billing):  
ADDRESS \_\_\_\_\_ PREFERRED PHONE NUMBER \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_ PREFERRED E-MAIL \_\_\_\_\_  
DOCTOR'S NAME \_\_\_\_\_ DOCTOR'S PHONE NUMBER \_\_\_\_\_

### Parent's Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Employer \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell # \_\_\_\_\_  
Business Phone \_\_\_\_\_  
E-mail address for class/school newsletters \_\_\_\_\_

### Parent's Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Employer \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell # \_\_\_\_\_  
Business Phone \_\_\_\_\_  
E-mail address for class/school newsletters \_\_\_\_\_

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**Please indicate any fears, allergies, food restrictions and/or medical concerns/conditions your child has or may have (additional information may be requested. WE ARE A NUT FREE SCHOOL).**

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**Please indicate any special education services that your child currently receives, will receive, and/or might receive in preschool.**

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I hereby grant permission to persons of the Pleasantville Children's Center to refer the care of my child to a doctor and/or hospital in case of accident or sudden illness indicating such immediate treatment or surgery. It is understood that the first choice will be to consult the child's physician and the parents whenever possible. I also agree to be responsible for payment of any expenses arising from such treatment or surgery.

I give my permission to the Pleasantville Children's Center to include my child's name, his/her parents' names, address, phone number, birthdate, and e-mail address in a class-distributed directory.

I acknowledge that the Registration Fee and Tuition Deposit are non-refundable in accordance with the Pleasantville Children's Center Policy.

I acknowledge that children must be immunized in accordance with NYS school entry requirements.

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

\_\_\_\_\_  
Date

Child's School District:

Names/Birthdates of Younger Siblings:

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(complete page 2 on back)

**PLEASANTVILLE CHILDREN'S CENTER  
REGISTRATION 2025 – 2026 (NEW FAMILIES)**

COMPLETE ONE FORM PER CHILD. Both Registration Fee and Tuition Deposit are due at the time of enrollment.

**\*\*IMPORTANT!\*\* Caregivers must discuss their class choice with the Program Director prior to submitting a registration form.**

**"TERRIFIC TODDLERS"**

Young Toddlers

(Birthdates: July 1<sup>st</sup>, 2023-December 31<sup>st</sup>, 2023)

Annual Tuition: \$3,810

Tues./Thurs. \_\_\_\_\_

(9:00 AM to 11:50 AM)

Tuition Deposit: \$381

**"THRILLING THREES"**

Older Toddlers, Young Threes

(Birthdates: July 1<sup>st</sup>, 2022-June 30<sup>th</sup>, 2023)

Annual Tuition: \$4,900

Mon./Wed./Fri. \_\_\_\_\_

(9:00 AM to 11:50 AM)

Tuition Deposit: \$490

**"PRECIOUS PRESCHOOLERS"**

Older Threes, Fours

(Birthdates: Before June 30<sup>th</sup>, 2022)

Annual Tuition: \$6,610

Mon. – Fri. \_\_\_\_\_

(9:00 AM to 11:50 AM)

Tuition Deposit: \$661

I PLAN TO REGISTER MY CHILD FOR UPK ONCE HE/SHE IS ELIGIBLE  YES  NO

Sibling Discount: Subtract 5% on deposit amount of your youngest child (limit of one discount per family) = \$ \_\_\_\_\_ \*\*

\*\*Sibling discount for your one youngest child will also be applied to each month's tuition.

Registration Fee: \$100.00 (one child), \$125.00 (two or more children)

Enclosed is a check for the registration fee AND tuition deposit OR

Please email me an invoice for both the registration fee AND tuition deposit.

Your child will not be registered until payment clears.

How did you hear about PCC?

OFFICE USE: Reg. Fee Paid \_\_\_\_\_ Reg. Form Completed \_\_\_\_\_

Reg. Invoiced \_\_\_\_\_ OR Check # \_\_\_\_\_ Date: \_\_\_\_\_