

**Old Country Road School  
Parent-Teacher Association  
49 Rhodes Lane  
Hicksville, New York 11801**

**Pre-School Registration**

**Child's Name:** \_\_\_\_\_

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

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

**Phone#:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact #:** \_\_\_\_\_

**Parent/Guardian PTA Member-(circle) YES or NO  
\*Required\***

**Circle Day of Preference: Tuesday PM or Friday  
AM**

**9:00-10:15**

**1:15-2:30**

\_\_\_\_\_  
**Parent/Guardian Signature**

**Amount \$30.00 Check \_\_\_\_\_ Cash \_\_\_\_\_**

**Please make check payable to Old Country Road PTA**