

# Amherst Nursery School

a cooperative preschool with programs for 2, 3 and 4 year olds  
350 Saratoga Rd Amherst, NY 14226 (716) 839-0298  
[amherstnurseryschool@verizon.net](mailto:amherstnurseryschool@verizon.net)

## FIRST FRIENDS PROGRAM

A "Parent and child" experience for children 18 to 30 months of age  
Children must be 18 months old prior to the start of each session.

Circle The Session You Are Applying For. You may only apply for one session at a time.

Session	Start Date	End Date	No Class	Registration Opens	Registration Due by	Cost
Fall	10/18/23	11/20/23	xxxxxxx	8/15/23	10/02/23	\$96
Winter	1/08/24	2/26/24	1/15, 2/19	11/13/23	12/22/23	\$96
Spring	03/11/24	4/29/24	4/01, 4/08	2/12/23	2/26/24	\$96

First Friends runs on Mondays from 9:15 - 10:15 am Cost: \$96 per child

\*A minimum of 6 children must register for the class to run. Please call the office for availability before sending in registration. If there is enough interest, a second session will be added from 10:45-11:45am.

Please send in the form below with payment of \$96. Checks should be made out to ANS. You will be notified by email when your registration has been processed.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First (Nickname) Last Month / Day / Year

Child's allergies or special medical conditions \_\_\_\_\_

Participating Adult's Name \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street Town Zip

Home Phone \_\_\_\_\_ Cell or work phone \_\_\_\_\_ E mail \_\_\_\_\_

### Background Information

1. Does your child enjoy sitting quietly with you? For how long? \_\_\_\_\_
2. What are your child's favorite activities or toys? \_\_\_\_\_
3. Names of siblings: \_\_\_\_\_
4. Holidays celebrated (this session): \_\_\_\_\_
5. Do you have any areas of concern about your child? \_\_\_\_\_

I will hold ANS harmless for any and all liability resulting from medical, accident or safety issues occurring while we are participating in the First Friends program.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_