



# 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



A "Parent and child" experience for children 18 to 30 months of age  
Children must be 18 months old by October 1, 2019



Session 1 (8 wks) Mondays, October 21 through December 16, 2019

Time: 9:15 - 10:30 am

Cost: \$96 per child

Registration due: Sept. 30, 2019

"FIRST FRIENDS" will engage your child in a creative, structured school setting while he or she remains secure with a parent or caregiver participating nearby. We welcome families new to ANS as well as siblings of our current students. Each class will be built around a fun preschool theme and will include music and movement experiences, art, sensory and early learning activities, a story, snack, and plenty of opportunities for observing and practicing those emergent social skills. "First Friends" will be invited to attend ANS Special Programs and Events.

Please send in the form below with your check for \$96 made out to ANS at 350 Saratoga Rd, Amherst NY 14226. Your registration will be confirmed by email before class begins. Registration due Monday, September 30, 2019

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

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

Participating Parent's Name \_\_\_\_\_

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

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

### Background Information

- Does your child enjoy sitting quietly with you? For how long? \_\_\_\_\_
- What are your child's favorite activities or toys? \_\_\_\_\_  
\_\_\_\_\_
- Names of siblings: \_\_\_\_\_
- Holidays celebrated (this session): \_\_\_\_\_
- Do you have any areas of concern about your child? \_\_\_\_\_
- What are your goals for your child's First Friends experience? \_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_