

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

FIRST FRIENDS

A "Parent and child" experience for children 18 to 30 months of age

Children must be 18 months old by January 1, 2022

Session 3 (6 wks) Mondays, January 24 through March 7, 2022 (no 2/21)

Time: 9:30 - 10:30 am Cost: \$90 per child Registration due by: Jan. 14, 2022

A minimum of 6 children must register for the class to run.

"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, and plenty of opportunities for observing and practicing those emergent social skills. "First Friends" will be invited to attend ANS Events and may pre-register for the 2022-23 school year.

***The accompanying adult must show proof of COVID vaccination or bring results of a negative PCR COVID test weekly, and wear a mask. Children 2 and over must wear a mask. Children under 2 do not need to wear a mask.**

Please send in the form below with your check for \$90 made out to ANS at 350 Saratoga Rd, Amherst NY 14226. Your registration will be confirmed by email before class begins. Registration due Friday, Jan. 14, 2022

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 _____