



# TIEGERMAN

Preschool/Elementary School: 100 Glen Cove Avenue, Glen Cove, NY 11542 • (516) 609-2000 • F: (516) 609-2014

[www.tiegerman.org](http://www.tiegerman.org)

## SUMMER ENRICHMENT LEARNING PROGRAM APPLICATION

*Eligible children are those who will be eligible to enter Kindergarten in September 2026.*

*Applicants will be selected for enrollment on a first come, first-served basis.*

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: [ ] M [ ] F

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ Email: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**Transportation is NOT provided and is the responsibility of the parent/caregiver.**

To apply for your child, please complete and mail or email to:

Tiegerman Preschool/Elementary School  
100 Glen Cove Avenue  
Glen Cove, NY 11542

**Attention: Prekindergarten Summer Enrichment Program**

[PS\\_ElementaryAdmin@tiegerman.org](mailto:PS_ElementaryAdmin@tiegerman.org)



# TIEGERMAN

Date \_\_\_\_\_

Student Name \_\_\_\_\_ Gender \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth \_\_\_\_\_ Place of Birth (city, state) \_\_\_\_\_ Country (if not US) \_\_\_\_\_

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Has your child previously attended Pre-K?  YES  NO

If YES, name of School or Agency: \_\_\_\_\_

Do you feel your child has any special needs?  YES  NO

If yes please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child currently have an IEP?  YES  NO

If so, what services does he/she receive?: \_\_\_\_\_

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## PARENTS/GUARDIANS WITH WHOM CHILD(REN) RESIDE(S)

Name(s) of Parent(s)/Guardian(s) \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address, if different \_\_\_\_\_

Dominant Home Language \_\_\_\_\_ ESL?  Yes  No

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Guardian Warnings?  No  Yes Please explain \_\_\_\_\_

Custody Papers?  No  Yes Please explain \_\_\_\_\_



# TIEGERMAN

## EMERGENCY CONTACT INFORMATION – OTHER THAN PARENT/GUARDIAN

Child's Name \_\_\_\_\_

Name of Emergency Contact \_\_\_\_\_

Resides in Same Household  Yes  No

If different household:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone Type  Cell  Home  Office

Phone 2 \_\_\_\_\_ Phone Type  Cell  Home  Office

Relationship to the Child \_\_\_\_\_

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Name of Emergency Contact \_\_\_\_\_

Resides in Same Household  Yes  No

If different household:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone Type  Cell  Home  Office

Phone 2 \_\_\_\_\_ Phone Type  Cell  Home  Office

Relationship to the Child \_\_\_\_\_

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### OTHER CHILDREN WHO RESIDE IN THE HOUSEHOLD

Name \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_



# TIEGERMAN

## EMERGENCY CONTACT INFORMATION PARENTS/GUARDIANS WHO LIVE IN THE SAME HOUSEHOLD AS THE CHILD(REN)

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Relationship \_\_\_\_\_ Legal Custody?  Yes  No

Phone 1 \_\_\_\_\_ Phone Type  Cell  Home  Office

Phone 2 \_\_\_\_\_ Phone Type  Cell  Home  Office

Email address \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Relationship \_\_\_\_\_ Legal Custody?  Yes  No

Phone 1 \_\_\_\_\_ Phone Type  Cell  Home  Office

Phone 2 \_\_\_\_\_ Phone Type  Cell  Home  Office

Email address \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

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## EMERGENCY CONTACT INFORMATION PARENT/GUARDIAN WHO DOES NOT LIVE IN THE SAME HOUSEHOLD AS THE CHILD(REN)

Parent/Guardian Name \_\_\_\_\_

Relationship \_\_\_\_\_ Legal Custody?  Yes  No

Phone 1 \_\_\_\_\_ Phone Type  Cell  Home  Office

Phone 2 \_\_\_\_\_ Phone Type  Cell  Home  Office

Email address \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_