



Cazenovia Community Preschool
P.O. Box 25
Cazenovia, NY 13035
(315) 815-4320

APPLICATION FOR ENROLLMENT: 2019-2020

I would like to enroll my child in the (please check one):

- 4-year-old Kindergarten-readiness program: 5 days/week (Lizards) | \$315/month
- 4-year-old Kindergarten-readiness program: 3 days/week (Caterpillars) | \$215/month
- 3-year-old preschool program: 2 days/week (Honey Bees) | \$175/month
- After-school enrichment program: 5 days/week (for students entering K-4 in Fall 2019) | \$350/month

Child's name: _____
First M.I. Last Preferred Name

Date of birth: _____ Male / Female
Month Day Year

Home address: _____
Street City | State | Zip Code

Primary phone #: _____ Language spoken at home: _____

FAMILY INFORMATION

Parent/Guardian: _____ Parent/Guardian: _____
(Please indicate relationship to child) (Please indicate relationship to child)

Name: _____ Name: _____

Address: _____ Address: _____
(If different than child) (If different than child)

Best phone #: _____ Best phone #: _____

Alt. phone #: _____ Alt. phone #: _____

Email: _____ Email: _____
Is this a valid way to communicate with you? Yes No Is this a valid way to communicate with you? Yes No

Occupation: _____ Occupation: _____

Parents are: married divorced separated other: _____

Child lives with: both parents mother father other: _____

1. Other family members who live with the child (siblings, grandparents, etc). Please indicate if any siblings have attended Cazenovia Community Preschool:

Name	Relationship to Child	Age	Male / Female

2. Please list all allergies and explain: _____

3. Please list any medical conditions and explain: _____

4. Has your child been identified with any specials needs, or have an IEP (Individualized Education Program)? _____

5. Do you suspect any disabilities? With regards to how your child plays and learns, is there anything our teachers should know? _____

6. Circle the activities below that your child enjoys (or add your own):

- | | | | | | |
|----------|----------|----------|----------|------------|------------------|
| Building | Coloring | Cutting | Dancing | Drawing | Imaginative Play |
| Jumping | Math | Painting | Puzzles | Reading | Riding Bikes |
| Sandbox | Singing | Swimming | Swinging | Technology | Writing |

7. Circle the adjectives below that best describe your child (or add your own):

- | | | | | |
|------------|-----------|------------|-------------|-----------|
| Fun-Loving | Animated | Bubbly | Lively | Talkative |
| Sensitive | Shy | Quiet | Cautious | Gentle |
| Determined | Energetic | Loud | Adventurous | Assertive |
| Serious | Reserved | Analytical | Mature | Focused |

8. Would you be willing to share any of the following with your child's class and/or CCP?

- Professional expertise: _____
- Hobbies/skills (music, art, gardening, painting, baking, etc): _____
- Time volunteering for fundraisers

9. Please list any major holidays your family does not celebrate: _____

10. Do you have reliable transportation for preschool? _____

SCHEDULES & PREFERENCES

PLEASE NOTE: Program/class schedules are subject to change. Students are accepted on a first-come, first-served basis. A waitlist will be created for each program/class when it reaches capacity.

4-year-old Kindergarten-readiness program. Both classes are expected to run. Please indicate your preferences as first (1) and second (2) choices.

_____ Monday through Friday | 9:15 a.m. to 12:00 p.m.

_____ Monday, Wednesday, Friday | 8:30 a.m. to 11:15 a.m.

3-year-old preschool program.

Tuesday, Thursday | 8:30 a.m. to 11:00 a.m.

After-school enrichment program.

Monday through Friday | dismissal to 5:30 p.m. (no program on CSD half-days)

A non-refundable \$50.00 registration fee is required with your application. Please contact the director, Kaleen Sessler, with any questions: (315) 663-1848. The first tuition payment is due by **July 15, 2019**. Please make checks payable to Cazenovia Community Preschool and send all correspondence to:

Cazenovia Community Preschool
P.O. Box 25
Cazenovia, NY 13035

We would love to know how you heard about Cazenovia Community Preschool:

Advertisement: _____

Word of mouth: _____

Other: _____

Parent/Guardian Signature: _____ **Date:** _____

Cazenovia Community Preschool, Inc. admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin, in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.