

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



Summer Camp Registration

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

SCHEDULES

PLEASE NOTE: Program/class schedules are subject to change. Campers are accepted on a first-come, first-served basis. When a camp reaches capacity, a waitlist will be created.

4 & 5 year-old Summer Camp | \$100
Child must turn 4 before July 1, 2024

_____ Tuesday July 16th through Thursday July 18th 8:45 a.m. to 11:30 a.m.

_____ Tuesday August 13th through Thursday August 15th 8:45 a.m. to 11:30 a.m.

3-year-old Summer camp day | \$30
Child must turn 3 before December 1, 2024

_____ Monday July 24th 8:45 a.m. to 11:00 a.m.

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

Parents are: married divorced separated other: _____

1. Please list all allergies and explain: _____

2. Please list any medical conditions and explain: _____

3. Has your child been identified with any special needs, or has an IEP (Individualized Education Program)?

4. Do you suspect any disabilities? Is there anything our teachers should know regarding how your child plays and learns? _____

Please return this form Via email to director@cazenoviacommunitypreschool.com or by mail.

To complete a payment, please visit our website, www.cazenoviacommunitypreschool.com, or mail a check made 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, or national and ethnic origin, in the administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.