Page 1 CCP Application Child's Name:	_ Today's Date:	
--	-----------------	--

Cazenovia Community Preschool

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



APPLICATION FOR ENROLLMENT: 2024-2025

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

SCHEDULES

SCHEDUELS
PLEASE NOTE: Program/class schedules are subject to change. Students are accepted on a first-come, first-served basis. When a class reaches capacity, a waitlist will be created. Children must be potty trained to attend CCP.
☐ 4-year-old Kindergarten-readiness program (Lizards). \$360 per month Child must turn 4 before December 1, 2024
Ideal for 4 & 5-year-olds preparing for kindergarten the following fall, focusing on kindergarten readiness. Monday through Friday 9:15 a.m. to 12:00 p.m.
☐ 4 & 3-year-old mixed-age program (Caterpillars). \$260 per month Child must turn 3 before December 1, 2024
Tailored for 3-year-olds with prior preschool or daycare experience and 4-year-olds with late birthdays, providing an additional year of preparation before our kindergarten readiness program or kindergarten. Monday, Wednesday, Friday 8:30 a.m. to 11:15 a.m.
□ 3-year-old preschool program (Honeybee). \$210 per month Child must turn 3 before December 1, 2024
A foundational introduction to preschool emphasizing early learning and social development for young learners.
Monday, Tuesday, Thursday 8:30 a.m. to 11:00 a.m. Tuesday, Thursday 8:30 a.m. to 11:00 a.m.

Page 2 CCP Application	Child's Name:					To	oday's Date	·
Child's name:			1.I.				- D C 1	N
Firs	SI	IV	1.1.	Last			Preferred	Name
Date of birth: $\frac{1}{M_0}$	nth Day	Y	ear			Male / Female		
** 11								
Home address: Stre	eet				City Sta	ate Zip Code		
Primary phone #:				Langua		ken at home:		
rimary phone ".				_ Dungue	ige spoi	con at nome.		
		FAMIL	Y IN	FORM	ATIO	N		
Parent/Guardian: _				_ Parent/	Guardia	an:		
(Please indicate relationsh	nip to child)							
Name:				Name:				
Address:				Addres	a.			
(If different than child)				(If differe	s. nt than chi	ild)		
Best phone #: Alt. phone #:				Best phone #:				
Email:				Email:				
Email: Is this a valid way to communicate with you? Yes No				Email: Is this a valid way to communicate with you? □ Yes □ No				
Occupation:				_ Occupa	ation: _			
Parents are:	married	divorced		separat	ed	other:		
Child lives with:1. Other family mo have attended Caze	embers who live v	vith the child ((sibli	_father _ ngs, gran	oth dparent	her: s, etc.). Please in	ndicate it	any siblings
Name		Relations	hip to	o Child		Age		Male / Female
2. Please list all al	lergies and explain	n:						
3. Please list any r	medical conditions	and explain:						

Page	3 CCP Application Ch	ild's Name:			Today's Date:				
4. F	4. Has your child been identified with any special needs, or has an IEP (Individualized Education Program)?								
				our teachers shou	•	ng how your child plays			
6. (Circle the activities	s below that you	ur child enjoys (o	r add your own):					
	Building	Coloring	Cutting	Dancing	Drawing	Imaginative Play			
	Jumping	Math	Painting	Puzzles	Reading	Riding Bikes			
	Sandbox	Singing	Swimming	Swinging	Technology	Writing			
7. (Fircle the adjective	es below that be	est describe your	child (or add your	r own):				
	Fun-Loving	Animated	Bubbly	Lively	Talkative				
	Sensitive	Shy	Quiet	Cautious	Gentle				
	Determined	Energetic	Loud	Adventurous	Assertive				
	Serious	Reserved	Analytical	Mature	Focused				
8. V	Vould you be willi	ng to share any	of the following	with your child's	class and/or CO	CP?			
	Professional expe	rtise:							
	Hobbies/skills (m								
	Time volunteering	•		<u> </u>					
9. P	lease list any majo	or holidays you	r tamily does not	celebrate:					

A non-refundable \$75.00 registration fee is required with your application. Please contact the director, Lindsay Maine, with any questions: (585) 797-5323 or director@cazenoviacommunitypreschool.com

*Tuition Prices reflect the tuition for the current school year, and may increase for the 2024/2025 school year

***The first tuition installment is due by <u>July 15, 2024</u>, along with an up-to-date physical and a copy of your child's immunization records.

Please make checks payable to <u>Cazenovia Community Preschool</u> and send all correspondence to:

Cazenovia Community Preschool P.O. Box 25

Page 4 CCP Application Child's Name:	Today's Date:
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.