



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

### APPLICATION FOR ENROLLMENT: 2022-2023

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

- ☐ \_\_\_ 4-year-old Kindergarten-readiness program: 5 days/week (Lizards) | \$355 per month  
☐ \_\_\_ 4-year-old Kindergarten-readiness program: 3 days/week (Caterpillars) | \$255 per month  
☐ \_\_\_ 3-year-old preschool program: 2 days/week (Honey Bees) | \$205 per month  
☐ \_\_\_ After-school enrichment: 5 days/week (for students entering K-4 in Fall 2022) | \$425 per 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: \_\_\_\_\_

\_\_\_\_\_

## SCHEDULES

**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. Children must be potty trained to attend CCP.

- ☐ 4-year-old Kindergarten-readiness program. **(Child must turn 4 before December 1, 2022)**

\_\_\_\_\_ 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. **(Child must turn 3 before Dec 1, 2022)**

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, Jennifer Scalise, with any questions: (315) 251-4598 or [director@cazenoviapreschool.com](mailto:director@cazenoviapreschool.com)

**\*\*\*The first tuition installment is due by July 15, 2022, along with an up-to-date physical and a copy of your child's immunization records.**

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.