



St. Joseph's Preschool of Camillus

5600 W. Genesee St. Camillus, NY 13031

email: stjosephpreschool@outlook.com 315-484-2153

Application for Enrollment- 2023-2024

Child's Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Child's Preferred Name: _____ Male ____ Female ____

Street Address: _____

Apt # _____ City _____ Zip code _____

Home Phone _____ Mom Cell _____ Dad Cell _____

Mother's Name: _____ Email: _____

Mother's Address (If different from child's address): _____

Father's Name: _____ Email: _____

Father's Address (If different from child's address): _____

School District of Residence _____

Please Mark (X) the program you are interested in:

3-YEAR OLD Program Options born prior to 12/1/2020	4-YEAR OLD Program Options born prior to 12/1/2019
<input type="checkbox"/> Tues/Thurs (2 Day) 9:15-11:45 am	<input type="checkbox"/> Mon/Wed/Fri (3 Day) 9:30am-12pm
<input type="checkbox"/> Mon/Wed/Fri (3 Day) 9:15-11:45	<input type="checkbox"/> Monday- Friday (5 day) 9:30am-12pm
2-day program: \$135 per month/\$335 per quarter 3-day program: \$175 per month/\$435 per quarter	3-day program: \$175 per month/\$435 per quarter 5-day program: \$285 per month/\$710 per quarter

Quarterly tuition is paid 4 times a year and is due on Sept 1, Nov 17, Feb 2, and April 12.

Primary language spoken at home: _____

Are you a member of St. Joseph's Church on the Hill, Camillus? Yes _____ No _____

How did you hear about our program? _____

***I have read and understand the information sheet, payment and registration procedures. I am enclosing the application fee for my student (X one of the fees below based on your child's age for the 2023-2024 school year):**

- \$50 non-refundable fee when registering a 3 year-old student
- \$200 when registering a 4 year-old student (**\$50 of this is non-refundable and the other \$150 will be applied toward your child's first quarter tuition payment or is refundable through April 15th, 2023. After this date if your child is unenrolled from our program, this fee is forfeited to the preschool.**)

This should be mailed or delivered to the address above, along with a copy of your child's birth certificate.

Signature: _____ Date: _____

Office use only: Date _____ Check # _____

STUDENT INFORMATION FORM

Please answer the following questions as completely as possible. The more information you can share about your child, the better we will be able to respond to your child's needs.

Does your child participate in any other organized group (daycare, swimming classes)?

How do you think your child will feel about starting his or her Preschool experience?

What would you like your child to gain from his or her Preschool experience?

Does your child have **Food Allergies or contact allergies**? If yes, please list.

Do you have concerns about any area of your child's development (for example: speech, fine motor, coordination)?

Has your child ever received developmental screening ____yes ____no

Is your child receiving any services (for example: speech therapy, physical therapy, occupational therapy)? If so, please list?

What else would you like us to know about your child?
