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: $\qquad$
Date of Birth:

Child's Preferred Name:
(Last)
$\qquad$ Male $\qquad$ Female___ Street Address: $\qquad$ Zip code $\qquad$
Apt \# $\qquad$ City Mom Cell $\qquad$ Dad Cell
Home Phone $\qquad$
Mother's Name: $\qquad$ Email: $\qquad$
Mother's Address (If different from child's address): $\qquad$
Father's Name: $\qquad$ Email:

Father's Address (If different from child's address):
School District of Residence $\qquad$
Please Mark $(X)$ the program you are interested in:

| 3-YEAR OLD Program Options <br> born prior to 12/1/2020 | 4-YEAR OLD Program Options <br> born prior to 12/1/2019 |
| :--- | :--- |
| $\square$ Tues/Thurs (2 Day) 9:15-11:45 am | $\square$ Mon/Wed/Fri (3 Day) 9:30am-12pm |
| $\square$ Mon/Wed/Fri (3 Day) 9:15-11:45 | $\square$ Monday- Friday (5 day) 9:30am-12pm |
| 2-day program: $\$ 155$ per month/ $\$ 385$ per quarter <br> 3-day program: $\$ 195$ per month/\$485 per quarter | 3-day program: $\$ 195$ per month/ $\$ 485$ per quarter <br> 5-day program: $\$ 305$ per month $/ 760$ 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 $\qquad$ No $\qquad$
How did you hear about our program? $\qquad$
*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 $15^{\text {th }}$, 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: $\qquad$ Date: $\qquad$
Office use only: Date $\qquad$ Check \# $\qquad$

## 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 $\qquad$ yes $\qquad$ 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?

