



St. Joseph's Preschool of Camillus

5600 W. Genesee St. Camillus, NY 13031

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

Application for Enrollment- 2021-2022

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 born prior to 12/1/2018	4-YEAR OLD Program born prior to 12/1/2017	Tuition rates 2-day program: \$130 per month/\$390 per trimester 3-day program: \$165 per month/\$495 per trimester 5-day program: \$280 per month/\$840 per trimester Families with multiple children enrolled receive a \$10/month tuition discount per child.
<input type="checkbox"/> Tues/Thurs 9:15-11:45 am	<input type="checkbox"/> Mon/Wed/Fri 9:30am-12pm	
<input type="checkbox"/> Mon/Wed/Fri 9:15-11:45	<input type="checkbox"/> Tues/Thurs 9:30am-12pm	
	Monday- Friday (5 day) <input type="checkbox"/> 9:30am-12pm	

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 a NON-REFUNDABLE application fee: \$50, mailed or delivered to the address above.**

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**? 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?
