



St. Mary's Clinton Preschool

5 Prospect St. Clinton, NY 13323 Ph: (315) 853-6196

www.stmarysclintonpreschool.com

Child's Full Name _____ M ___ F ___ DOB ___/___/___

Address _____ Home Phone# _____

Father's Name _____ Occupation _____

Business Address _____ Business Phone _____

Mother's Name _____ Occupation _____

Business Address _____ Business Phone _____

Father's Cell Phone _____ Mother's Cell Phone _____

Other Children Living at Home:

_____ DOB ___/___/___ _____ DOB ___/___/___

Child's Doctor _____ Phone _____

PERSON TO CONTACT IN EMERGENCY IF PARENTS ARE NOT AVAILABLE:

_____ Phone _____ Phone _____

Previous Nursery School Experience? Where? _____

Physical Limitations or Medical/Allergy Problems? Please Specify _____

Is Your Child Predominately Right or Left Handed? _____

Please Indicate Below Your First (1) and Second (2) Choice of Sessions:

If your first choice is unavailable and you have not indicated a second choice, your child's name will be placed on the waiting list for your preferred session.

***3 & 4 year olds**

8:45 - 2:45 5 full days

8:45 - 2:45 5 1/2 days

8:45 - 11:45 4 full days _____

8:45 - 2:45 3 full days M/W/F

8:45 - 11:45 3 1/2 days M/W/F

***4 year olds**

8:45 - 2:45 5 full days

8:45 - 2:45 4 full days

***Child must be 3 years old on or before September 1, or 4 years old on or before December 1.**

Please return application to St. Mary's Pre-School office and include a non-refundable \$50 application fee.

Checks should be made payable to **St. Mary's Clinton Preschool.**

I understand that I am to pay one month's tuition upon receipt of Acceptance Letter. This fee will be applied to June tuition or forfeited in case of withdrawal without one month's written notice.

Signature of person responsible for tuition _____

PARENTS:

1. Would you be interested in volunteering in the classroom or office? yes ___ no ___
2. If the opportunity arises, are you interested in serving on the Preschool Board? yes ___ no ___