



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? \_\_\_\_\_

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 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**

**\*4 year olds**

- |  |   |
|--|---|
| 8:45 - 2:45 5 full days \$420 per mo. •  | 8:45 - 2:45 5 full days \$420 per mo. •       |
| 8:45 - 2:45 5 1/2 days \$340 per mo. •   | 8:45 - 2:45 4 full days \$400 per mo. • _____ |
| 8:45 - 11:45 4 full days \$400 per mo. • | _____   |
| 8:45 - 2:45 3 full days \$350 per mo. •  | M/W/F   |
| 8:45 - 11:45 3 1/2 days \$210 per mo. •  | M/W/F   |

**\*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 2015 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 \_\_\_