



**Cazenovia Community Preschool**  
 49 Burton Street  
 PO Box 25  
 (315) 815-4320

**APPLICATION FOR ENROLLMENT**

I wish to enroll my child in the (Please check one):

- Kindergarten Readiness preschool program (3x/week)**
- Kindergarten Readiness 5-day program (5x/week)**
- 3-year-old preschool program**
- After-school enrichment program (for students entering K-4 in Fall 2017)**

Child's Name: \_\_\_\_\_  
First Middle Last Preferred name to be used

Home Address: \_\_\_\_\_  
Street City, State, Zip Code

Home Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month Day Year Male Female

**FAMILY INFORMATION**

Parents are: Married Separated Divorced Other \_\_\_\_\_

Child is living with: Both Parents Mother Father

Other (please specify): \_\_\_\_\_

**Mother**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(if different than child)

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Do you check your email regularly? \_\_\_\_\_ Is this a valid way to communicate with you? \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

**Father**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(if different than child)

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_

1. List other family members who live with the child (sisters, brothers, grandparents, etc.). Please state whether any siblings attended Cazenovia Community Preschool.

Name	Relationship	Age	Male or Female
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Does your child have any allergies we should be aware of? Please explain: \_\_\_\_\_

3. Are there any medical conditions that should be brought to our attention? \_\_\_\_\_

4. Has your child been identified with any special needs or have an IEP? \_\_\_\_\_

5. Do you suspect any disabilities? Is there anything of which our teachers should be aware, regarding how your child plays and learns? \_\_\_\_\_

6. Please circle below the activities that your child likes to do.

Color Build Cut Paint Sing Dance Sandbox Jump Write Swim Read Draw Swing

Ride bikes Imaginative Play Math Computers Other activities: \_\_\_\_\_

7. Please circle the adjectives that best describe your child.

Shy Energetic Outgoing Hands-on/Tactile Quiet Patient Cautious Observant Noisy Calm

Lively Timid Active Reserved Bouncy Bashful Other Adjectives: \_\_\_\_\_

8. Would you be willing to share any of the following with your child's class/preschool?

Professional expertise: \_\_\_\_\_

Hobbies – music, art, gardening, painting, baking, other: \_\_\_\_\_

Please list any holidays you do not celebrate: \_\_\_\_\_

Volunteer for Fundraisers \_\_\_\_\_

Child's Name: \_\_\_\_\_

**\*Please note that days and times are subject to change depending on enrollment.**

**3-year-old preschool program**

\_\_\_\_\_ Tuesday and Thursday mornings from 8:30 to 11:00

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**Kindergarten Readiness program** enrollment options (please indicate your first (1) and second (2) choice)

\_\_\_\_\_ Monday through Friday from 9:15 to 12:00

\_\_\_\_\_ Monday, Wednesday, and Friday from 8:30 to 11:15

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**A non-refundable \$50 registration fee will be required when registration is submitted. September tuition will be due on July 15th.**

**How did you hear about Cazenovia Community Preschool?**

Advertisement – where: \_\_\_\_\_

Word of mouth – by whom: \_\_\_\_\_

Family member previously enrolled: \_\_\_\_\_

Other: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Cazenovia Community Preschool, Inc. admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin, in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.