



St. Mary's Clinton Preschool

5 Prospect St. Clinton, NY 13323 Ph:315-853-619

www.stmarysclintonpreschool.org

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

Address _____ Home Phone# _____

Parent One _____ Occupation _____

Business Address _____ Business Phone _____

Parent Two _____ Occupation _____

Business Address _____ Business Phone _____

Parent One Phone _____ Parent Two Phone _____

Email(s) _____

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 _____

Please Indicate Below Your First (1) and Second (2) Choice of Classes and 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 year old class _____ *Mixed 3 & 4 year old class _____ *4 year old class only _____**
8:45 AM - 2:45 PM 5 full days \$695 per mo. 8:45 AM - 2:45 PM 4 or 5 full days per mo. _____

8:45 AM - 2:45 PM 4 full days \$650 per mo. _____

8:45 AM - 2:45 PM 3 full days \$560 per mo. M/W/F

8:45 AM - 2:45 PM 2 full days \$420 per mo. T/TH

Enrollment of this program accepts children ages 3 to 5 years old.

Children must be FULLY toilet-trained for enrollment.

Please return the application to St. Mary's Pre-School office or email it to stmarysclintonpreschool@gmail.com

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 2025 tuition or forfeited in case of withdrawal without one month's written notice.

Signature of person responsible for tuition _____