St. Mary's Clinton Preschool

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

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 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.

8:45 AM - 2:45 PM 5 full days $795 per mo. ☐ **8:45 AM - 11:45 AM 5 half days $470 per mo.** ☐
8:45 AM - 2:45 PM 4 full days $745 per mo. ☐ **8:45 AM - 11:45 AM 3 half days $305 per mo.** ☐
8:45 AM - 2:45 PM 3 full days $645 per mo. ☐ **8:45 AM - 11:45 AM 2 half days $205 per mo.** ☐
8:45 AM - 2:45 PM 2 full days $490 per mo. ☐ **Days requested _____**

Enrollment accepts children ages 3 to 5 years old

Please indicate if you are a registered and active member of St. Mary's Parish Yes___ No ____

Registered Members receive a 10 % Discount

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 2027 tuition or forfeited in case of withdrawal without one month's written notice.

Signature of person responsible for tuition_____