

**Church of the Sacred Heart and
Saint Mary Our Lady of Czestochowa
Pre-K and Nursery School
201 Main Street
New York Mills, NY 13417
315-736-4432 extension 5**

Dear Parents,

Thank you for your interest in Sacred Heart-St. Mary Pre-K and Nursery School. We have full day (8:30am-11:20am) classes with your choice of days.

For your convenience, we have before care starting at 8:00am, which is free, and after care until 4:00pm at a cost of \$4.00 per day.

Your child must be 3 or 4 years old before December 1, 2008 and potty trained to enroll for September 2008.

Please return the application as soon as possible because space is limited and spots will be filled on a first come, first serve basis.

Thank you for your interest and cooperation.

Sincerely,

Kristine Ruskey
Director

**Church of the Sacred Heart and
Saint Mary Our Lady of Czestochowa
Pre-K and Nursery School
Enrollment Form**

INSTRUCTIONS:

Complete this on-line form, print completed form, sign where indicated.
Mail the completed form to the address on the last page.

Child's Name	<input type="text"/>	Date Of Birth	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female
Religion	<input type="text"/>	Parish/Congregation	<input type="text"/>		

Names and Ages of other children living at the same home.

Parent/Guardian Name 1	<input type="text"/>	Parent/Guardian Name 2	<input type="text"/>
Home Phone	<input type="text"/>	Home Phone	<input type="text"/>
Work Phone	<input type="text"/>	Work Phone	<input type="text"/>
Street Address	<input type="text"/>	Street Address	<input type="text"/>
City, State, Zip Code	<input type="text"/>	City, State, Zip Code	<input type="text"/>
Place of Employment/Occupation	<input type="text"/>	Place of Employment/Occupation	<input type="text"/>

How Did you Hear about us?

Does your child have previous nursery school experience? No Yes Where?

Your Child's Dominant Hand? Right Left

Does your child have any medical problems? Yes No If Yes, Please Specify.

Please Continue to Next Page

Emergency Information

In case of Emergency and the parent or guardian cannot be reached, please list two other adults that we should contact:

Primary Emergency Contact:

Name last first middle
|-----|-----|-----|

Phone |-----|

Relationship to student (grandparent, neighbor, friend, aunt, uncle, etc)

|

Secondary Emergency Contact:

Name last first middle
|-----|-----|-----|

Phone |-----|

Relationship to student (grandparent, neighbor, friend, aunt, uncle, etc)

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Please Continue to Next Page

Please indicate your choice of session and days:

FULL DAY SESSION		
5 Full Days 8:30am-2:50pm	\$350.00	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
4 Full Days 8:30am-2:50pm	\$325.00	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
3 Full Days 8:30am-2:50pm	\$250.00	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
2 Full Days 8:30am-2:50pm	\$165.00	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri

AM HALF DAY SESSION		
5 Full Days 8:30am-11:20pm	\$165.00	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
4 Full Days 8:30am-11:20pm	\$145.00	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
3 Full Days 8:30am-11:20pm	\$120.00	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
2 Full Days 8:30am-11:20pm	\$85.00	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri

NOTE: Child must be 3 or 4 years old by December 1, 2008. Children must be toilet trained.

PARENTS SIGNATURE: _____

DATE: _____

Please return application to Sacred Heart and St. Mary Pre-School and include a non-refundable \$25.00 application fee.

SURVEY

- I am interested in aftercare at the rate of \$4.00 per day, per child from 2:50pm – 4:00pm
- I would like a PM class for 3 and 4 year olds. (must be 3 years old by 12/1/08)
- I would like a PM class for 2 year olds. (must be two years old by 12/1/08)

Parent's Name _____

Mail signed form to:

Sacred Heart/Saint Mary Church
Parish Office – Attn: Nursery School Director
201 Main Street
New York Mills, NY 13417