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|  2021 / 2022 School Year | <h2>Two Year Old Program Registration Information</h2> | Lisa Wrona, Director christclarionps@gmail.com 415 Thornell Road Pittsford, NY 14534 Phone: (585) 381-5091 |
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Dear Parents:

The registration procedure for *Christ Clarion Community Preschool* for the 2021/2022 school year will be as follows:

Registration forms may be returned to *Christ Clarion* on **Registration Day**, which is **Friday, December 11th** from 11:00 AM to 1:00 PM.

Forms will be color coded according to the following categories:

1. **RED** Returning students and Board Members' children.
2. **BLUE** Children of church members and siblings of returning students.
3. **YELLOW** Siblings of children who have previously attended *Christ Clarion Preschool* and children of alumni.
4. **GREEN** New Students.

Immediately following the close of registration, forms will be randomly selected according to the above priorities.

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| AGE REQUIREMENT: Age 2 by December 1, 2021 |
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| TUITION (paid in two installments) and SESSIONS | |
|--|------------------------|
| \$2,100.00 for two half day sessions (M/W or T/Th, 9:15 to 11:15 AM) | \$1,050.00 per payment |


There is a **non-refundable registration fee** of \$75.00. Please make your check payable to *Christ Clarion Community Preschool*. *Scholarship aid is available.

A \$75.00 registration fee per child must accompany all registrations and is non-refundable for any reason. Please provide a copy of your child's birth certificate along with the completed registration form. The first tuition payment is due on May 1, 2021. This must be paid on time, or special arrangements must be made with our director to hold your child's place. The second tuition payment will be due September 1, 2021. **If you withdraw your child for any reason you will be responsible for tuition until a replacement student is found.**

Once the registration process is completed, you will receive an email indicating one of two possibilities:

1. Your child has been placed in a specific class session and is expected to attend. Please notify the director immediately of any change in your plans.
2. Your child has been placed on a wait list. S/he will remain on the wait list until a position becomes available. If your desired choice is still unavailable as of September 1, 2021, your check will be returned. You will remain on any wait lists you have requested and will be asked for a registration fee at the time a place becomes available.

Information regarding the September opening of school will be mailed in August. Your child will need a physical examination during the year **prior to** August 31, 2021 and immunizations **must** be up-to-date. Please notify the director of any address changes between the time of registration and the beginning of school. (Contact information is located at the top right of this page.)

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|  | <h1>Two Year Old Program Registration Form</h1> | Lisa Wrona, Director christclarionps@gmail.com |
| | | 415 Thornell Road Pittsford, NY 14534 Phone: (585) 381-5091 |
| 2021 / 2022 School Year | | |

Please indicate your child's most desired session with a (1) for **first** choice, (2) for **second** choice:

| Session | Choice | Session | Choice |
|----------------------|--------|-----------------------|--------|
| M/W 9:15 to 11:15 AM | | T/Th 9:15 to 11:15 AM | |

Do you wish your child to be wait-listed for these classes if filled prior to your registration? ☐ YES ☐ NO

| CHILD'S INFORMATION (Please print, or fill out online form, then print it to sign it.) | | | | | |
|--|--|--|---|----|---|
| Name | | | DOB | | Sex <input type="checkbox"/> M <input type="checkbox"/> F |
| Street | | | | | |
| City | | | State | NY | Zip Code |
| Home Phone | | | PRIMARY Email | | |
| PARENT'S INFORMATION | | | | | |
| NAME | | | <input type="checkbox"/> Mobile <input type="checkbox"/> Work PHONE | | |
| MOTHER | <input type="checkbox"/> Secondary <input type="checkbox"/> Work Email | | | | |
| NAME | | | <input type="checkbox"/> Mobile <input type="checkbox"/> Work PHONE | | |
| FATHER | <input type="checkbox"/> Secondary <input type="checkbox"/> Work Email | | | | |
| EMERGENCY CONTACT PERSON | | | | | |
| Name | | | <input type="checkbox"/> Mobile <input type="checkbox"/> Work PHONE | | |
| Relationship to Child | | | Email (Opt.) | | |

Please answer the following questions:

Is this child a returning student? ☐ YES ☐ NO If YES, list former teachers: _____

Is this child a sibling of a returning student? ☐ YES ☐ NO If YES, name of sibling: _____

Is this a child of a *Christ Clarion Church* member? ☐ YES ☐ NO

Is this a child of a *Christ Clarion Preschool* alumni? ☐ YES ☐ NO If YES, alumni name: _____

Is this child a sibling of a former *Christ Clarion Preschool* student? ☐ YES ☐ NO

How did you learn about *Christ Clarion*? _____

Does your child have any food allergies? ☐ YES ☐ NO If yes, what are they allergic to? _____

If you have any questions regarding this program, please contact Lisa Wrona at 381-5091 or email christclarionps@gmail.com.

I acknowledge that if I withdraw my child for any reason, I am still responsible for paying tuition until a replacement student is found.

SIGNATURE _____

DATE _____