



2024 / 2025 School Year

Two Year Old Program Registration Information

Lisa Wrona, Director
christclarionps@gmail.com

415 Thornell Road
Pittsford, NY 14534
Phone: (585) 381-5091

Dear Parents:

The registration procedure for *Christ Clarion Community Preschool* for the **2024/2025** school year will be as follows:

Registration forms may be returned to *Christ Clarion* on **Registration Day**, which is **Friday, December 8th** from 9:30 AM to 11:30 AM.

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.

AGE REQUIREMENT: Age 2 by December 1, 2024

Two half day sessions (M/W or T/Th, 9:15 to 11:15 AM)	\$2,650.00
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There is a **non-refundable registration fee** of \$100.00. Please make your check payable to *Christ Clarion Community Preschool*. *Scholarship aid is available.

A \$100.00 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, 2024**. 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, 2024**. **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, 2024**, 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, 2024** 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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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

May we include your contact information in our class list? YES NO

CHILD'S INFORMATION (Please print, or fill out online form, then print it to sign it.)					
Child's Name		DOB		Sex	<input type="checkbox"/> M <input type="checkbox"/> F
Street					
City		State	NY	Zip Code	
PRIMARY Phone		PRIMARY Email			
PARENT'S INFORMATION					
MOTHER'S Name		Mobile		Email	
FATHER'S Name		Mobile		Email	

Please answer the following questions:

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

Is this child a sibling or a child of a *Christ Clarion* alumni? YES NO

If YES, alumni name: _____

How did you learn about *Christ Clarion*? _____

Does your child have any allergies? YES NO

If yes, what are they allergic to? _____

If you have any questions regarding this program, please contact Kelli Emke at 381-5091 or email kemke.ccp@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