



2024 / 2025 School Year

# Three Year Old Programs 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 8<sup>th</sup>** 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.

PRESCHOOL SESSIONS	AGE REQUIREMENTS	TUITION
2 Day (TTh 9:00 – 11:30 AM)	<i>Child must be 3 years old by 12/1/24</i>	\$2,650.00
4 Day (M-Th 9:00 AM – 12:00 PM)		\$5,100.00
<b>ENRICHMENT SESSIONS</b>		
Enrichment sessions run from October through the end of May		
1 Day (F 9:00 AM – 12:00 PM)	<i>Child must be 3 years old by 12/1/24</i>	\$1,050.00
<b>Children in all sessions are required to be toilet trained by the first day of school.</b>		

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 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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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

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

PRESCHOOL SESSIONS	AGE REQUIREMENTS	CHOICES
2 Day (TTh 9:00 – 11:30 AM)	<i>Children must be three years old by 12/1/24</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
4 Day (M-Th 9:00 AM – 12:00 PM)		<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>ENRICHMENT SESSIONS</b>		
1 Day (Fr 9:00 AM – 12:00 PM)	<i>Children must be three years old by 12/1/24</i>	<input type="checkbox"/>
<i>Children in all sessions are required to be toilet trained by the first day of school.</i>		

### 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		
<b>PARENT'S INFORMATION</b>			
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 child of a *Christ Clarion Preschool* alumni?  YES  NO

If YES, alumni name: \_\_\_\_\_

Does your child have any allergies?  YES  NO

If YES, what are they allergic to? \_\_\_\_\_

How did you learn about *Christ Clarion*? \_\_\_\_\_

What is your child's future elementary school? \_\_\_\_\_

**If you have any questions regarding this program, please contact Kelli Emke at 381-5091 or email [kemke.ccp@gmail.com](mailto: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