

NORTH SYRACUSE EARLY EDUCATION PROGRAM  
205 SOUTH MAIN STREET, NORTH SYRACUSE, NY 13212  
**PRESCHOOL APPLICATION - SCHOOL 2024-2025**

**\*\*IN ORDER TO PROVIDE YOUR CHILD WITH THE MOST APPROPRIATE CLASSROOM PLACEMENT AND TO BE FULLY ENROLLED, PLEASE COMPLETE AND RETURN THIS APPLICATION AT LEAST 3 WEEKS PRIOR TO START DATE\*\***

In order to appropriately place your child, please be as accurate as possible in completing all sections of the application.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

The person who will be transporting your child to and from school:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Alternate person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Person/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Person/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Person/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*Please note:** The designated emergency people should be nearby and able to pick up your child from school in case of emergency or illness. Please be sure to keep this information up-to-date in case of an emergency.

Has your child ever been evaluated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____
Does your child receive any related or been recommended for any related services such as speech, vision, hearing, physical or occupational therapy? If yes, please elaborate. Please include information about any past services. _____
Evaluations your child has had: _____
Is your child waiting to be evaluated? _____
If yes, areas of concern: <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Communication <input type="checkbox"/> Motor

Child's Physician: \_\_\_\_\_

Brothers and Sisters:

Name

Sex

Age

School or Occupation

---

---

---

Other individuals living in the home:

Name(s)

Relationship to Child

---

Medical conditions and concerns (past and present): \_\_\_\_\_

---

Are there other people with whom we can share information with about your child? \_\_\_\_\_

---

Does your child have any allergies (i.e. food, environmental, drugs)? \_\_\_\_\_

---

Does your child have seizures? Please describe. \_\_\_\_\_

---

Does your child take any medications at home? If yes, list medication and dosage. \_\_\_\_\_

---

Is your child to receive any medication in school? List medication, dosage and reason. \_\_\_\_\_

---

List any childhood diseases your child has had: \_\_\_\_\_

Are there any restrictions on your child's activities (i.e. allergies)? \_\_\_\_\_

---

Has your child had surgery or accident/injury requiring a doctor's care? \_\_\_\_\_

\*\*We need a doctor's written statement regarding permission to return to school and any limitations.

In the space below, briefly describe your child (i.e., likes, dislikes, play skills, temperament, activity level, etc.)  
Please feel free to elaborate. \_\_\_\_\_

Briefly explain your child's speech and language skills: \_\_\_\_\_

What is the primary language spoken at home: \_\_\_\_\_

What other languages are used at home: \_\_\_\_\_

Toileting skills: \_\_\_\_\_

Dressing Skills: \_\_\_\_\_

Napping: \_\_\_\_\_

Eating: \_\_\_\_\_

Play interest/skills: \_\_\_\_\_

Interaction with other children: \_\_\_\_\_

Behavior (challenging/tantrums, etc.): \_\_\_\_\_

Do you have any concerns regarding your child (physical, emotional, speech) \_\_\_\_\_

Are there any family situations/concerns that you would like us to be aware of? \_\_\_\_\_

What kind of involvement would you like in your child's program? \_\_\_\_\_

How did you find out about our program?  Family Times  Preschool fair  Website  
 School signage  Heard about us from a friend  Returning family (Teacher \_\_\_\_\_)

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Signature of person completing this form (if other than parent)



NORTH SYRACUSE EARLY EDUCATION PROGRAM  
TUITION AGREEMENT FOR THE 2024-2025 SCHOOL YEAR

**Tuition is set annually.** It may be paid in one payment, or it may be paid in monthly installments. Vacations, illnesses, or cancellation due to the weather or a pandemic **do not reduce** the monthly payment.

The annual/monthly tuition rate for the 2024-2025 school year is based upon the following scale:

2 Half Days AM (Tues/Thurs)	\$1,550.00 annually (\$155.00/Month)
3 Half Days AM (Mon/Wed/Fri)	\$1,850.00 annually (\$185.00/Month)
5 Half Days AM (Mon-Fri)	\$2,650.00 annually (\$265.00/Month)
2 Half Days PM (Tues/Thurs)	\$1,500.00 annually (\$150.00/Month)
3 Half Days PM (Mon/Wed/Fri)	\$1,800.00 annually (\$180.00/Month)
5 Half Days PM (Mon-Fri)	\$2,600.00 annually (\$260.00/Month)
3 Full Days (Mon/Wed/Fri)	\$3,350.00 annually (\$335.00/Month)
5 Full Days (Mon-Fri)	\$4,750.00 annually (\$475.00/Month)

I will complete this tuition agreement and return it to the Pre-k Office at the Early Education Program with a deposit of one month's tuition to assure my child a position in the Early Education Program. I understand that this one-month's tuition will be applied as tuition to the last month (June) of the 2024-2025 school year, and that **September's tuition is due on August 1st.** I understand that if September's tuition is not paid when due, my spot in the Early Education Program will be filled. I further understand that I am responsible for making eight additional equal monthly payments on the first of the month per the payment schedule on this form. A **\$10.00 late fee** will be charged for payments over **10 days past due.** In addition, there will be a \$15.00 charge for returned checks.

I will inform the Program Administrator of my intent to withdraw my child from the North Syracuse Early Education Program **at least three weeks** before the intended date of withdrawal. In the event of withdrawal, I understand I am responsible for paying tuition for all the weeks up to the withdrawal date and if I fail to give at least three weeks notice I will forfeit a full month's tuition. On or before the withdrawal date, I will pay all the tuition I/we owe to the North Syracuse Early Education Program.

I agree to make 10 monthly payments to the North Syracuse Early Education Program at the monthly rate specified above per payment schedule on this form. If my child remains enrolled in the North Syracuse Early Education Program for the entire year, I will pay the equivalent of 10 monthly payments **regardless of the number of days my child attends or number of days school is in session during a given month.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

NORTH SYRACUSE EARLY EDUCATION PROGRAM

**2024-2025 PAYMENT SCHEDULE**

**\*\*Keep this schedule as a record of your monthly payments\*\***

**\*\*Keep all monthly receipts, may be able to use them at tax time\*\***

Total Monthly Tuition: \_\_\_\_\_

Checks payable to **NSEEP**.

<u>Payment #</u>	<u>Due Date</u>	<u>For Month Of</u>	<u>Date Paid</u>	<u>Check #</u>
1 (To be sent with application)		June	_____	_____
2	8/1/24	September	_____	_____
3	9/1/24	October	_____	_____
4	10/1/24	November	_____	_____
5	11/1/24	December	_____	_____
6	12/1/24	January	_____	_____
7	1/1/25	February	_____	_____
8	2/1/25	March	_____	_____
9	3/1/25	April	_____	_____
10	4/1/25	May	_____	_____

2 Half Days AM (Tues/Thurs)	\$1,550.00 annually (\$155.00/Month)
3 Half Days AM (Mon/Wed/Fri)	\$1,850.00 annually (\$185.00/Month)
5 Half Days AM (Mon-Fri)	\$2,650.00 annually (\$265.00/Month)
2 Half Days PM (Tues/Thurs)	\$1,500.00 annually (\$150.00/Month)
3 Half Days PM (Mon/Wed/Fri)	\$1,800.00 annually (\$180.00/Month)
5 Half Days PM (Mon-Fri)	\$2,600.00 annually (\$260.00/Month)
3 Full Days (Mon/Wed/Fri)	\$3,350.00 annually (\$335.00/Month)

## PARENT NOTIFICATION (Revised June 2010)

During the school year, your son or daughter may have the opportunity to have his/her photo taken, video image and voice recorded, and/or art and written work published in connection with a school district activity or program. Your child's photo (image,) school work and/or name may be published in local newspapers, posted (displayed) on the district's Internet site, or used by the requesting organization (local TV or print media) for their programming, i.e., backup and their news stories.

If you DO NOT want your child's picture, name or schoolwork to be used in newspaper articles, video, and/or district publications, including our district's website, please inform your school principal in writing.