

NORTH SYRACUSE EARLY EDUCATION PROGRAM
205 SOUTH MAIN STREET, NORTH SYRACUSE, NY 13212
PRESCHOOL APPLICATION - SUMMER 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? Yes 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: Social/Emotional Communication 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 2025 SUMMER SCHOOL

I will complete this tuition agreement and return it to the Early Education Program Office along with the six-week summer tuition to assure my child a position in the Early Education Program.

I will inform the Program Administrator of my intent to withdraw my child from the North Syracuse Early Education Program **at least three** weeks prior to the start of the summer school session.

In the event of withdrawal after the start of the summer school session, I understand I will forfeit the balance of my summer tuition.

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____

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.