

**Office use only:**

Application fee: \$ \_\_\_\_\_ Inf. Deposit: \$ \_\_\_\_\_  
Check/money order # \_\_\_\_\_ Date Rec'd: \_\_\_\_\_



**CAZENOVIA CHILDREN'S HOUSE, INC.**

**2757 Route 20 East, Cazenovia, New York 13035**

**Telephone: 655-KIDS (655-5437)**

*Licensed by the New York State Office of Child and Family Services*

Cazenovia Children's House, Inc. admits children from the ages of 6 weeks to 12 years without regard to race, color, national origin, sex, religion, disability, political beliefs, sexual orientation or familial status.

In accordance with N.Y.S. Department of Social Services licensing regulations and CCH policies, applications will be accepted on an ongoing basis and placements will be made as openings occur. All children must have a written statement signed by a health care provider stating that the child is able to participate in child day care, currently appears to be free from contagious or communicable diseases and is receiving health care including appropriate health examinations prior to the first day of enrollment.

Enrollment Application Year \_\_\_\_\_

**Child information**

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

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

**Parent/Guardian information**

Parent/Guardian Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Working Hours: \_\_\_\_\_ to \_\_\_\_\_ Work Telephone # \_\_\_\_\_

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Parent/Guardian Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

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

Home Telephone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

\_\_\_\_\_ E-mail address \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Working Hours: \_\_\_\_\_ to \_\_\_\_\_ Work Telephone # \_\_\_\_\_

**(Please see other side for more information)**

**Program Information**

**Infant**

6 weeks-12 mos.

**Toddler**

12-24 mos.  
(Rainbows)

24-36 mos.  
(Moonbeams)

24-36 mos. \*  
(Sunshine)

Sunshine  
Summer \*

**Pre-K**

3 years  
(Butterfly)

4 years  
(Teddy Bear)

3 years \*  
(Sprouts)

4 years \*  
(Wings)

Sprouts/Wings  
Summer \*

**Kindergarten**

5-6 years

**School Age**

1st-5th grade  
(Route 20)

1st-5th grade  
(Village)

Summer camp

\* These programs are 2 • hours a day and follow the public school calendar. The Sunshine program will offer morning sessions, 9:00-11:30, with a choice of 2 days per week. The Sprouts (2 or 3 days per week) and Wings (2 or 3 days per week) will offer morning, 8:30-11:00. Summer sessions are also available. The days these programs will run will be determined by enrollment requests. Please indicate your first and second preference.

**Desired Days:**     Monday    Tuesday    Wednesday    Thursday    Friday

**Daily Arrival Time:** \_\_\_\_\_ **Daily Departure Time:** \_\_\_\_\_

**Date you wish child to start:**    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Will you be withdrawing your child for the summer?  YES    NO   If yes, please specify date: \_\_\_\_\_

**Enrollment Lists:** Would you allow your child’s address and/or phone number to be given to other families enrolled at Cazenovia Children’s House (for example, to be used for birthday party invitations)?    YES    NO

**Photographs:** Do you grant permission for the use of photographs in which your child may appear to be used for educational and/or public relations purposes for the school?    YES    NO

**Annual Application Fee:** Please remit a non-refundable, annual application fee (\$25 for the 1st child's application, \$10 for each additional child's application, \$10 for summer only). Checks or money orders should be made payable to Cazenovia Children’s House, or CCH, Inc. This fee and application do not guarantee a child’s enrollment. If an opening is not available in the appropriate classroom for the date requested, your child’s name will be placed on a waiting list. All necessary documents must be completed and submitted to the CCH office prior to enrollment.

**Infant Room Tuition Deposit:** Please remit a non-refundable deposit with the application fee. This deposit will be applied to the first week’s tuition once the child begins.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## Preschool Program Enrollment Application

Program year: \_\_\_\_\_

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

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

Parent/Guardian Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Cell phone# \_\_\_\_\_ Email address: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

Working Hours: \_\_\_\_\_ to \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Social Security # \_\_\_\_\_

Cell phone \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

Working Hours: \_\_\_\_\_ to \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Another Person to Call in Case of Emergency - Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Doctor to be Called in Case of Emergency: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

Have any of your children attended the Children's House before? YES \_\_\_\_\_ NO \_\_\_\_\_

Child's Name: \_\_\_\_\_ Dates: \_\_\_\_\_

**Cazenovia Children's House, Inc. admits children from the ages of 6 weeks to 9 years without regard to race, color, sex, religion, national origin, or ancestry.**

**Please remember that CCH nursery school programs will be in session only when Burton Street Elementary School is in session.**

**Circle Program Requested:**

- | <b>Age</b> | <b>Program</b> | <b>Time</b> | <b>Days</b> |
|------------|----------------|-------------|-------------|
| 2          | Sunshine       | 9-11:30     | T/Th        |
| 3          | Sprouts        | 8:30-11     | T/TH        |
| 4          | Wings          | 8:30-11:00  | MWF (or MW) |

**\* Enrollment is based on date of the receipt of the application.**

**Tuition Payments:** Tuition must be paid on a monthly basis, for a ten-month period from September through June. **Payment is expected before the first of each month.**

**Enrollment Lists:** Would you allow your child's address and/or phone number to be given to other families enrolled at CCH (i.e., for birthday party invitations)? YES \_\_\_\_\_ NO \_\_\_\_\_

**Field Trips:** Do you grant permission for your child to participate in any field trips, either by foot or by car, which are scheduled by the school? YES \_\_\_\_\_ NO \_\_\_\_\_

**Photographs:** Do you grant permission for the use of photographs in which your child may appear to be used for educational and/or public relations purposes for the school? YES \_\_\_\_\_ NO \_\_\_\_\_

**Annual Application Fee:** Please remit a \$25 non-refundable, annual application fee with each form. Checks or money orders should be made payable to Cazenovia Children's House, or CCH, Inc. This fee and application do not guarantee a child's enrollment. If an opening is not available for the date requested, your child's name will be placed on a waiting list. All necessary documents must be completed and submitted to the CCH office prior to enrollment.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For office use: App. Fee \$** \_\_\_\_\_ **Check/Money Order #** \_\_\_\_\_

**Date Rec'd.** \_\_\_\_\_