



3494 NYS Route 31 Baldwinsville, NY 13027

315.652.9364 preschool@stelizabethbville.org

2024-25 school year

Child's Name _____

DOB: _____ M _____ F _____

Address _____

Mother/Guardian _____ Father/Guardian _____

Email address _____ Email address _____

Phone # _____ Phone # _____

Who does child live with? _____

School District of Residence _____

Has your child ever received Early Intervention/Preschool Special Education services? Please check all that apply. SEIT _____ Speech _____ OT _____ PT _____

Does your child currently receive Early Intervention/Preschool Special Education Services? Please check all that apply. SEIT _____ Speech _____ OT _____ PT _____

Registered Parishioners will receive a \$50 discount per year

Are you a registered parishioner at SEAS Church? Yes ___ No ___ If yes, envelope # _____

Please place a (X) next to your choice of class:

3 year old class Must be 3 by 12/1/24 MUST BE POTTY TRAINED	4 year old class Must be 4 by 12/1/23 MUST BE POTTY TRAINED
___ 3 days per week: Tuesday-Thursday 9:00-11:30 am	___ 4 days per week Monday- Thursday 9:15am-12:10pm
\$2000 annual tuition/\$200 per month for 10 monthly payments	\$2750 annual tuition/\$275 per month for 10 monthly payments

To ensure that your child is registered for the class you selected, please complete this form, and submit with a **NON-REFUNDABLE \$60 registration fee** in the form of a check or money order payable to **St. Elizabeth Ann Seton Church**

I understand that my child will **NOT** be placed in a class until this registration form with a **\$60 NON-REFUNDABLE** registration fee is received. I also understand that the first month's **NON-REFUNDABLE** tuition, activity fee and immunization records are due June 1, 2024. This payment will secure my child's spot in the class I have chosen. _____ (Initial here) Please mail registration fee to the address listed above.