



St. James' Church Day School



9 Williams Street, Clinton, New York 13323
Call/Text (315) 617-2306 sjdayschool@gmail.com

Registration Form

Date Completed _____

circle (boy / girl)

Child's Last Name, First Name (Nickname) Date of Birth

Address

Home Cell Phone #

Father's Name Address (if different from child's) Father's Daytime Telephone # (work or cell)

Mother's Name Address (if different from child's) Mother's Daytime Telephone # (work or cell)

Email: _____

Child's Siblings: Please list name & date of birth: _____

Name/Telephone of Child's Doctor _____

Name/Telephone of Child's Dentist _____

Name/Daytime Telephone # of person (other than parents) to contact in case of emergency: _____

Health History

Physician Diagnosed Allergies (requires form OCFS 6029): _____

Disabilities: _____

Is child able to communicate well verbally? _____

Previous preschool experience: _____

Please check preferred enrollment option below:

_____ **5 Day Morning Program** (M-F 9:00-12:00)

Interested in **Lunch Bunch Extended Day Option** (T/W/TH 12:00-1:30)?

Yes / No/ Undecided (circle)

2 day / 3 day / Undecided (circle)

OR

_____ **3 Full Day Program** (T/W/TH 9:00-1:30 Students enrolled in this option do not attend Morning Program on Mon & Fri, participation in our Lunch Bunch Program is included)

**If one of the above program selections does not suit your needs, please let us know. We may be able to accommodate alternative options. At least 4 students need to enroll for the Lunch Bunch program to be offered.*

Please return to St. James' Church Day School with \$40 check to register.