

NORTH SYRACUSE EARLY EDUCATION PROGRAM  
205 SOUTH MAIN STREET, NORTH SYRACUSE, NY 13212  
**PRESCHOOL APPLICATION - SUMMER 2026**

**\*\*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 2026 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.