



2025 / 2026 School Year

Four & Five Year Old Programs Registration Information

Lisa Wrona, Director
christclarionps@gmail.com

415 Thornell Road
Pittsford, NY 14534
Phone: (585) 381-5091

Dear Parents:

The registration procedure for *Christ Clarion Community Preschool* for the 2025/2026 school year will be as follows:

Registration forms may be returned to *Christ Clarion* on **Registration Day**, which is **Friday, December 6th** from 9:30 AM to 11:30 AM. Forms will be color coded according to the following categories:

1. **RED** Returning students and Board Members' children.
2. **BLUE** Children of church members and siblings of returning students.
3. **YELLOW** Siblings of children who have previously attended *Christ Clarion Preschool* and children of alumni.
4. **GREEN** New Students.

Immediately following the close of registration, forms will be randomly selected according to the above priorities.

PRESCHOOL SESSIONS	AGE REQUIREMENTS	TUITION
3 Day (MWF 9:00 – 11:30 AM)	<i>Child must be 4 years old by 12/1/25</i>	\$3,230.00
5 Day (M-F 9:00 AM – 12:00 PM)		\$5,900.00
TK (M-F 9:00 AM – 12:00 PM)	<i>Child must be 5 years old by 12/31/25</i>	\$5,900.00
ENRICHMENT SESSIONS		
Arts & Smarts (Th 9:00 – 11:30 AM)	<i>Child must be 4 years old by 12/1/25</i>	\$910.00
Books & Beyond (Tu 12:30 – 2:30 PM)		\$710.00
Science (Th 12:30 – 2:30 PM)		\$710.00
Children in all sessions are required to be toilet trained by the first day of school.		

There is a **non-refundable registration fee** of \$100.00. Please make your check payable to *Christ Clarion Community Preschool*.

*Scholarship aid is available.

A \$100.00 registration fee per child must accompany all registrations and is non-refundable for any reason. Please provide a copy of your child's birth certificate along with the completed registration form. The first tuition payment is due on **May 1, 2025**. This must be paid on time, or special arrangements must be made with our director to hold your child's place. The second tuition payment will be due **September 1, 2025**. **If you withdraw your child for any reason you will be responsible for tuition until a replacement is found.**

Once the registration process is completed, you will receive an email indicating one of two possibilities:

1. Your child has been placed in a specific class session and is expected to attend. Please notify the director immediately of any change in your plans.
2. Your child has been placed on a wait list. S/he will remain on the wait list until a position becomes available. If your desired choice is still unavailable as of **September 1, 2025**, your check will be returned. You will remain on any wait lists you have requested and will be asked for a registration fee at the time a place becomes available.

Information regarding the September opening of school will be mailed in August. Your child will need a physical examination during the year **prior to August 31, 2025** and immunizations **must** be up-to-date. Please notify the director of any address changes between the time of registration and the beginning of school. (Contact information is located at the top right of this page.)



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Do you wish your child to be wait-listed for these classes if filled prior to your registration? YES NO
May we include your contact information in our class list? YES NO

PRESCHOOL SESSIONS	AGE REQUIREMENTS	CHOICES
3 Day (MWF 9:00 – 11:30 AM)	Child must be 4 years old by 12/1/25	<input type="checkbox"/> 1 <input type="checkbox"/> 2
5 Day (M-F 9:00 AM – 12:00 PM)		<input type="checkbox"/> 1 <input type="checkbox"/> 2
TK (M-F 9:00 AM – 12:00 PM)	Child must be 5 years old by 12/31/25	<input type="checkbox"/>
If placed on a wait-list, would you be interested in a MWF afternoon program? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ENRICHMENT SESSIONS		
Arts & Smarts (Thursday AM)	Child must be 4 years old by 12/1/25	<input type="checkbox"/>
BOTH Science and Books & Beyond		<input type="checkbox"/>
Books & Beyond ONLY		<input type="checkbox"/>
Science ONLY		<input type="checkbox"/>
NONE		<input type="checkbox"/>

CHILD'S INFORMATION (Please print, or fill out online form, then print it to sign it.)					
Child's Name		DOB		Sex	<input type="checkbox"/> M <input type="checkbox"/> F
Street					
City		State	NY	Zip Code	
PRIMARY Phone		PRIMARY Email			
PARENT'S INFORMATION					
MOTHER'S Name		Mobile	Email		
FATHER'S Name		Mobile	Email		

Please answer the following questions:

Is this a child of a *Christ Clarion Church* member? YES NO

Is this child a sibling or child of a *Christ Clarion Preschool* alumni? YES NO

If YES, alumni name: _____

Does your child have any allergies? YES NO If YES, what are they allergic to? _____

How did you learn about *Christ Clarion*? _____

What is your child's future elementary school? _____

If you have any questions regarding this program, please contact Kelli Emke at 381-5091 or email kemke.ccp@gmail.com
I acknowledge that if I withdraw my child for any reason, I am still responsible for paying tuition until a replacement student is found.

SIGNATURE

DATE