



2025 / 2026 School Year

## Two Year Old Program Registration Information

**Lisa Wrona, Director**  
[christclarionps@gmail.com](mailto: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 6<sup>th</sup>** 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.

### **AGE REQUIREMENT: Age 2 by December 1, 2025**

Two half day sessions (M/W or T/Th, 9:15 to 11:15 AM)	\$2,675.00
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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 student 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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# Two Year Old Program Registration Form

**Lisa Wrona, Director**  
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415 Thornell Road  
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Phone: (585) 381-5091

Please indicate your child's most desired session with a (1) for **first** choice, (2) for **second** choice:

Session	Choice	Session	Choice
M/W 9:15 to 11:15 AM		T/Th 9:15 to 11:15 AM	

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

### CHILD'S INFORMATION (Please print, or fill out online form, then print it to sign it.)

<b>Child's Name</b>		<b>DOB</b>		<b>Sex</b>	<input type="checkbox"/> M <input type="checkbox"/> F
<b>Street</b>					
<b>City</b>		<b>State</b>	NY	<b>Zip Code</b>	
<b>PRIMARY Phone</b>		<b>PRIMARY Email</b>			

### PARENT'S INFORMATION

<b>MOTHER'S Name</b>		<b>Mobile</b>		<b>Email</b>	
<b>FATHER'S Name</b>		<b>Mobile</b>		<b>Email</b>	

Please answer the following questions:

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

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

If YES, alumni name: \_\_\_\_\_

How did you learn about *Christ Clarion*? \_\_\_\_\_

Does your child have any allergies?  YES  NO

If yes, what are they allergic to? \_\_\_\_\_

**If you have any questions regarding this program, please contact Kelli Emke at 381-5091 or email [kemke.ccp@gmail.com](mailto: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