

# Caldwell Presbyterian Church Preschool Application 2025 - 2026 School Year

Class- 2  
3-3, 3-5  
4

71 Montcalm Street, Lake George, NY  
[www.caldwellprespreschool.com](http://www.caldwellprespreschool.com)  
518.668.2613

Meghan Quillen, Director  
[caldwellprespreschool@gmail.com](mailto:caldwellprespreschool@gmail.com)  
518.791.6681

Return application & vaccination record with \$45 non refundable registration fee to enroll for next year.

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

## Student's Primary Parent/ Guardian Contact

Parent/Guardian Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address \_\_\_\_\_ Employer \_\_\_\_\_  
\_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

The Preschool emails general preschool information. What email (s) would you like to receive these communications? Email \_\_\_\_\_

## Secondary Parent/ Guardian Contact

Parent/Guardian Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address \_\_\_\_\_ Employer \_\_\_\_\_  
(if different) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency contact names and phone numbers (in the event parents cannot be reached):

\_\_\_\_\_  
\_\_\_\_\_

Child's Physician \_\_\_\_\_ Chronic Health Conditions \_\_\_\_\_

Any addition needs/concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Initial boxes below**

- I give Caldwell Presbyterian Church preschool permission to take my child on walks outside and to areas located in Lake George while chaperoned by preschool staff. I also give my approval for my child to go on planned field trips which will also be attended by a parent or caretaker.
- I give Caldwell Presbyterian Church permission to record my child's image in photographs and or videos and their voice in recordings. The image or recording will be used only for artwork, preschool advertisement, promotion of events, fundraisers etc. related to preschool. All images and or recordings of my child will not be used for any other purposes nor shared with any other person, organization or business.
- I acknowledge that I have received a copy of the parent handbook. I have read the content and agreed to the conditions contained therein.
- Classroom teacher can share primary contact name, phone number, and pictures with class families. This is so families can contact each other for play dates, birthday parties et cetera.
- I understand that. Monthly payments must be made on the 1st of the month, and failure to do so will result in my child's removal from the Caldwell Presbyterian Preschool. Families are responsible for the tuition if they choose to travel or take an extended break from school.

Circle program you are enrolling your child for:

2 year old program	3 year old program	4 year old program
2 days a week - T Th 9-11:15 \$. \$ 1,500 a year 10 payments of \$150 due the first of Month, Sept.- June.	3 day program M W F 9-11:45 \$2050 a year 10 Payments of \$205 due the first of the month	5 day program M-F 9-11:45 \$3,100 10 payments of \$310 due the first of Month, Sept.- June.
	5 day program M- F \$3,100 10 Payments of \$310 due the first of the month	
<input type="checkbox"/> I will pay monthly  <input type="checkbox"/> I will pay yearly		

Parent/Guardian name

Parent/Guardian name

Parent/Guardian signature

Parent/Guardian signature

Date

Date

# Child Release Form

Caldwell Presbyterian Church preschool staff has my permission to release my child, \_\_\_\_\_, only to the following people. I understand that my child will not be released to anyone whose name is not included on this list. Staff will ask anyone unknown to them for proof of identity.

Name	Relationship