

Caldwell Presbyterian Church Preschool Application 2026 - 2027 School Year

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| Class- 2 |
| 3 |
| 4 |

71 Montcalm Street, Lake George, NY
www.caldwellprespreschool.com
518.668.2613

Meghan Quillen, Director
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):

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 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 the parent handbook is available on caldwellprespreschool.com. I have read the content and agreed to the conditions contained therein.
- The 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 will download GroupMe app for school communication.
- 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 | 3 day program M W F 9-11:45 | 5 day program M-F 9-11:45 |
| .\$ 1,550 a year | \$2,100 a year | \$3,150 |
| 10 payments of \$155 due the first of Month, Sept.- June. | 10 Payments of \$210 due the first of the month | 10 payments of \$315 due the first of Month, Sept.- June. |
| <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 2025, 26 & 27

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 |
|------|--------------|
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