



3049 East Genesee Street, Syracuse, NY 13224
Phone 315-445-4010, Fax 315.445.4060

Waiting list information sheet

Date _____

Childs Name: _____

Circle: M F First Language _____

Date of Birth: _____

Preferred Start Date _____

Parents' Names: _____

Address: _____

City _____ State _____ Zip _____

Home Phone _____

Cell phone _____ EMAIL: _____
(print clearly please)

Program Preference: Half Day _____ (2yr old)
(8:45-11:15)

Mid Day _____ Full Day _____
(8:45-1:00) (8:45-2:30)

Where did you hear about Jowonio? _____

What type of child care situation has your child been in?

- Home with parent In home childcare
 Nursery School Day Care Center

Does your child have any special needs? _____

What Services if any, does your child currently receive

- Speech OT / PT
 EI Teacher Services

**Jowonio School accepts students irrespective of Sex, Race,
Creed, National Origin or Handicapping Condition.**