



The Jowonio School ♦ 3049 East Genesee Street ♦ Syracuse, New York 13224
Tel: 315.445.4010 Fax: 315.445.4060

WAITING LIST INFORMATION SHEET

Date _____

Childs Name _____ Entrance Year _____

Circle: M F Date of Birth: _____

Parents' Names: _____

Address: _____

City _____ State _____ Zip _____

Home/ Cell _____ Work _____

Program Preference:

_____ Half Day (8:45– 11:15; 2yr olds only)

_____ Mid Day (8:45-1:00; 3-5 yr old)

_____ Full Day (8:45—2:30; 3-5 yr old)

Where did you hear about Jowonio? _____

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

Does your child receive special services? _____

Mail or FAX form to Jowonio School

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