

# GENESIS CHRISTIAN PRESCHOOL

## APPLICATION 2023-2024

### APPLICANT INFORMATION

Last Name:		First Name:		*Preferred Name:	
Date of birth:		Age on 8/31/23	<input type="checkbox"/> Male <input type="checkbox"/> Female	*This will be the name we will use to refer to your child and teach them how to recognize and write.	
Current address:					
City:		State:	ZIP Code:		
Does your child have any developmental delays or concerns? Please explain:					
Is your child fully potty trained?					
Does your child have allergies and/or medical concerns?			Please list allergies and/or medical concerns:		

**Allergy Action Plan from a doctor AND medication will be required before the first day of school for any children with allergies.**

### FAMILY INFORMATION

Parent /Guardian Name:	
Parent Email:	Cell Phone:
Parent/Guardian Name:	
Parent Email:	Cell Phone:
Family Religious Preference:	Church Membership:

### REGISTRATION PREFERENCE

FIRST CHOICE Please check (✓) one of the following	SECOND CHOICE Please check (✓) one of the following
<input type="checkbox"/> 2 Day 1's Monday/Wednesday 9:00-12:00 (Must be walking)	<input type="checkbox"/> N/A <input type="checkbox"/> 2 Day 1's Monday/Wednesday 9:00-12:00 (Must be walking)
<input type="checkbox"/> 2 Day 2's Monday/Wednesday 9:00-12:00	<input type="checkbox"/> 2 Day 2's Monday/Wednesday 9:00-12:00
<input type="checkbox"/> 2 Day 2's Tuesday/Thursday 9:00-12:00	<input type="checkbox"/> 2 Day 2's Tuesday/Thursday 9:00-12:00
<input type="checkbox"/> 3 Day 3's Monday/Wednesday/Friday 9:00-12:00 (Must be potty trained)	<input type="checkbox"/> 3 Day 3's Monday/Wednesday/Friday 9:00-12:00 (Must be potty trained)
<input type="checkbox"/> 5 Day 3's Monday-Friday 9:00-12:00 (Must be potty trained)	<input type="checkbox"/> 5 Day 3's Monday-Friday 9:00-12:00 (Must be potty trained)
<input type="checkbox"/> 4 Day 4's Monday-Thursday 9:15-12:15	<input type="checkbox"/> 4 Day 4's Monday-Thursday 9:15-12:15
<input type="checkbox"/> 4 Day 4's Monday-Thursday 9:15-1:15	<input type="checkbox"/> 4 Day 4's Monday-Thursday 9:15-1:15
<input type="checkbox"/> 5 Day 4's Monday-Friday 9:15-1:15	<input type="checkbox"/> 5 Day 4's Monday-Friday 9:15-1:15
<input type="checkbox"/> Transitional Kindergarten 9:15-1:15	<input type="checkbox"/> N/A <input type="checkbox"/> Transitional Kindergarten 9:15-1:15

These classes are based on adequate numbers to fill the classes.

### TUITION FEES - FIRST AND LAST MONTH TUITION IS DUE AT REGISTRATION AS WELL AS REGISTRATION FEE

2 Day 1's - <b>\$280.00</b>	Registration Cost for 1's, 2's & 3's Only: <b>\$150.00</b> (nonrefundable)	4 Day 4's (9:15-12:15) <b>\$335.00</b>	Registration Cost for 4's & TK Only: <b>\$175.00</b> (nonrefundable)
2 Day 2's - <b>\$280.00</b>		4 Day 4's (9:15-1:15) <b>\$360.00</b>	
3 Day 3's - <b>\$325.00</b>		5 Day 4's - <b>\$400.00</b>	
5 Day 3's - <b>\$375.00</b>		Transitional Kindergarten - <b>\$400.00</b>	

### IF THERE IS AN EMERGENCY AND PARENTS CANNOT BE REACHED, WHO CAN WE CONTACT?

Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	

### DOES ANYONE ELSE HAVE PERMISSION TO PICK UP YOUR CHILD FROM SCHOOL? YES OR NO (IF YES PLEASE GIVE INFORMATION BELOW)

Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	

**MEDICAL INFORMATION**

Child's Doctor:

Phone:

Insurance:

Phone:

Policy Number/Group Number:

**FIRST AID PERMISSION****Please check (✓) if we have your permission to apply first aid cream and anti-itch cream if needed for your child.**

<input type="checkbox"/>	Permission to apply ointment/first aid cream and anti-itch/hydrocortisone cream
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**FOOD PERMISSION****Please check (✓) one of the following.**

<input type="checkbox"/>	My child has permission to participate in food activities
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<input type="checkbox"/>	My child may not participate in food activities
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<input type="checkbox"/>	My child may participate in food activities with exception to the following foods due to allergies/religion:
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**PHOTO RELEASE FORM****REQUIRED INFORMATION****Please check (✓) yes or no below if your child's photo can be used.****YES NO**

<input type="checkbox"/>	<input type="checkbox"/>	School publications (newsletters, bulletin boards, photo albums, etc.). Preschool website, Facebook page and other social media sites. No names will be used.
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**By signing this application I agree to the following**

I agree that the Director of Genesis Christian Preschool may authorize the hospital location and physician of his/her choice and to provide emergency care to my child in the event that I cannot be contacted immediately.

I understand if I withdraw my child I will need to provide written notice 30 days in advance.

I understand that the last day to receive a refund for first and last month tuition is June 30, 2023

Guidelines and policies of Genesis Christian Preschool can be found at: <https://genesis-christian-preschool.org/>

I agree to abide by these policies and understand that they may change and I will be given written notification of such change.

Parent Signature:

Date:

Where did you hear about our Preschool?

**OFFICE USE ONLY**

- Registration Fee
- First Month Tuition
- Last Month Tuition
- Monthly Tuition Payment Form
- Immunization Form