

GENESIS CHRISTIAN PRESCHOOL

APPLICATION 2021-2022

APPLICANT INFORMATION

Last Name:		First Name:		Preferred Name:	
Current address:			What language is spoken in the home?		
City:	State:	ZIP Code:	Does your child understand English: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of birth:	Age on 8/31/21:		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Home Phone:
Family Years at Genesis:			Sibling Names:		
Previous Preschool:			Number of years:		
Does your child have separation issues:			Please explain:		
Does your child have any developmental delays or concerns? Please explain:					
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

Father/Guardian Name:	
Dad's Email:	Cell Phone:
Dad's Employer:	Business Phone :
Mother/Guardian's Name:	
Mom's Email:	Cell Phone:
Mom's Employer:	Business 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 (Must be walking)	<input type="checkbox"/> 1's Only available Monday/Wednesday (Must be walking)
<input type="checkbox"/> 2 Day 2's Tuesday/Thursday	<input type="checkbox"/> 2 Day 2's Tuesday/Thursday
<input type="checkbox"/> 3 Day 3's Monday/Wednesday/Friday (Must be potty trained)	<input type="checkbox"/> 3 Day 3's Monday/Wednesday/Friday (Must be potty trained)
<input type="checkbox"/> 5 Day 3's Monday-Friday	<input type="checkbox"/> 5 Day 3's Monday-Friday
<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"/> Transitional Kindergarten 9:15-1:15

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

FEES INCLUDE TUITION, REGISTRATION, FIELD TRIP (2 AND UP), AND WORKBOOK (4 AND UP)

2 Day 1's - \$210.00	Registration Cost: \$100.00 (nonrefundable)	4 Day 4's - \$280.00	Registration Cost: \$100.00 (nonrefundable)
2 Day 2's - \$210.00	Field Trip Fee: \$30.00	5 Day 4's - \$320.00	
3 Day 3's - \$240.00	Extended Adjustment Support fee of \$50 per day	Transitional Kindergarten - \$320.00	Field Trip Fee: \$30.00
5 Day 3's - \$295.00			Workbook 4s & TK: - \$12.00

AUTHORIZED PEOPLE TO PICK UP YOUR CHILD AND EMERGENCY CONTACT (OTHER THAN PARENTS)

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

MEDICAL INFORMATIONChild's Doctor: Phone: Insurance: Phone: Policy 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.** Permission to apply ointment/first aid cream and anti-itch/hydrocortisone cream**FOOD PERMISSION****Please check (✓) one of the following.** My child has permission to participate in food activities My child may not participate in food activities My child may participate in food activities with exception to the following foods due to allergies/religion: **PHOTO RELEASE FORM****REQUIRED INFORMATION****Please check (✓) yes or no below if your child's photo can be used.****YES NO** School publications (newsletters, bulletin boards, photo albums, etc.). Preschool website, Facebook page and other social media sites. No names will be used.**FACTS ABOUT YOUR CHILD**Favorite book: Favorite toy: Any fears? What calms your child? Names of friends: Special activities they are involved in: What is your child looking forward to doing in school? What goals would you like your child to accomplish during this year? **All children have to be able to feed themselves.****ALL Three year olds and four year olds MUST BE FULLY POTTY TRAINED. They must be able to take care of their bathroom needs by themselves.****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 there will be no refunds given after July 1 for any fees paid.

I understand that if my child needs Extended Adjustment Support at the beginning of week four of school I will be charged an Extended Adjustment Support Fee of \$50 per day.

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 Paid Field Trip Fee Paid Workbook Fee Paid Cash or Check Number