

# GENESIS CHRISTIAN PRESCHOOL

## APPLICATION 2022-2023

### APPLICANT INFORMATION

Last Name:		First Name:		Preferred Name:	
Current address:			What languages are 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 8/31/22	<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"/> N/A <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 (Must be potty trained)	<input type="checkbox"/> 5 Day 3's Monday-Friday (Must be potty trained)
<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 - <b>\$255.00</b>	Registration Cost: <b>\$100.00</b> (nonrefundable)	4 Day 4's - <b>\$325.00</b>	Registration Cost: <b>\$100.00</b> (nonrefundable)
2 Day 2's - <b>\$255.00</b>	Field Trip Fee: <b>\$30.00</b>	5 Day 4's - <b>\$365.00</b>	Field Trip Fee: <b>\$30.00</b>
3 Day 3's - <b>\$295.00</b>	Extended Adjustment Support fee of <b>\$50</b> per day	Transitional Kindergarten - <b>\$365.00</b>	Workbook 4s & TK: - <b>\$12.00</b>
5 Day 3's - <b>\$340.00</b>			

### 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 INFORMATION**

Child'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.**

<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
<input type="checkbox"/>	My child may not participate in food activities
<input type="checkbox"/>	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**

<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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**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 children three years old and older 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:
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Where did you hear about our Preschool?

<b>OFFICE USE ONLY</b>	
Registration Fee Paid	<input type="text"/>
Field Trip Fee Paid	<input type="text"/>
Workbook Fee Paid	<input type="text"/>
Cash or Check Number	<input type="text"/>