

Genoa Preschool

325 S. Stott St. • Genoa, IL 60135
270-331-4369 • genoafaithumc.org

Admission Form — 2024-2025 School Year

Basic Information

Child's Full Name _____

Name you want your child to learn to write (if different from above) _____

Date of Birth _____ Sex _____ Right or Handed _____

At this time, when do you plan to send your child to Kindergarten? _____

Parent/Guardian Information

Mother's Name _____ Father's Name _____

Address _____ Address _____

City _____ State _____ ZIP _____ City _____ State _____ ZIP _____

Phone _____ E-Mail _____ Phone _____ E-Mail _____

Other children in the home and ages _____

Persons allowed to pick up your child from preschool

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

(Note: if there is someone who is *NOT* allowed to pick up your child, you must notify us)

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In case of emergency, call

Name _____ Phone # _____

Relationship to child _____

Name _____ Phone # _____

Relationship to child _____

Physician to call if child becomes ill or injured

Name _____ Phone # _____

Address _____

Hospital or Clinic _____

Healthcare considerations or allergies _____

Parent/Guardian Acknowledgement

- I have read and understand the rules in the handbook
- I am responsible for the payment and fees listed in the handbook
- I consent to emergency care in the event that I cannot be reached
- I give permission for my child to take walks under staff supervision

Is there anything else we should know? _____

Signature _____ Date _____

Printed Name _____