

# GENESIS PRESCHOOL

## 2012 Registration Form

A Ministry of Pendleton Center United Methodist Church

6864 Campbell Blvd.

N. Tonawanda, NY 14120-9517

(716) 625-8306

### 2012 Registration

Date Received

\_\_\_/\_\_\_/\_\_\_

Reg. Paid \$ \_\_\_\_\_

Check # \_\_\_\_\_

Child's Name \_\_\_\_\_

Sex:  Male  Female

Date of Birth \_\_\_/\_\_\_/\_\_\_

Class Desired (Check appropriate column)	AM	PM	Tuition Plan chosen		
3 yr old 2 days/week (T & Th)			<input type="checkbox"/> \$ Annual	<input type="checkbox"/> \$ Bi-Annual	<input type="checkbox"/> \$ Monthly
4 yr old 3 days/week (M, W, F)			<input type="checkbox"/> \$ Annual	<input type="checkbox"/> \$ Bi-Annual	<input type="checkbox"/> \$ Monthly
4 yr old 5 days/week (M through F)		n/a	<input type="checkbox"/> \$ Annual	<input type="checkbox"/> \$ Bi-Annual	<input type="checkbox"/> \$ Monthly

A non-refundable registration fee of \$30.00 is required at the time of registration (only one fee per family per year). One month's advance tuition is due by June 1, 2012 (to be applied to the final month, June 2013) to secure your child's placement. Checks payable to PCUMC.

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Name & Birth Dates of brothers & sisters:

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

Child Lives With:  Father  Mother  Both Parents  Other

If Other: Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Payment Responsibility  Father  Mother  Both Parents  Other

If Other: Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Child's Name \_\_\_\_\_ 2012 Genesis Preschool

Does your child have any allergies?  Yes  No

If Yes, what is your child allergic to? \_\_\_\_\_

Please provide any family or behavioral information we need to know: \_\_\_\_\_

**Contact Information** – Please list in order of preference, the phone numbers where we can reach you or someone else in case of illness or emergency:

Name	Work phone	Home Phone	Cell Phone
1.			
2.			
3.			
4.			

**\*\*\*In the event the above persons cannot be reached, I give "Genesis" personnel the authority to sign for emergency medical treatment.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Source of Medical Care/Primary Care Physician' Name	Phone Number
Child's Source of Dental Care/Dentist's Name	Phone Number

**Drop Off & Pick Up Authorization List** – Please list anyone, *including your emergency contacts*, you would authorize to drop off or pick up your child from Genesis Preschool. List full Name, Relationship to Child, and Phone Number. Please let us know if there are any changes to this list during the school year.

Full Name	Relationship to Child	Phone
1.		
2.		
3.		
4.		
5.		

**Please Note: We will not release your child to ANYONE ELSE unless you have sent in a signed note ahead of time requesting us to do so!**