



GENESIS PRESCHOOL
2018-19 Registration Form
 A Ministry of Pendleton Center UMC
 6864 Campbell Blvd. N. Tonawanda, NY 14120
 Ph: (716) 625-8306 Fax: (716) 625-8192

2018-19 Registration
Date Received _____/_____/_____
Reg. Paid \$ _____
Check # _____

Child's Name _____

Sex: Male Female

Date of Birth _____/_____/_____

Class Desired (Check appropriate columns)	AM	PM	Tuition Plan chosen
3 yrs. old 2 days/week (T & Th) 9:00-11:30AM OR 12:30-3:00 PM			<input type="checkbox"/> \$ Annual <input type="checkbox"/> \$ Bi-Annual <input type="checkbox"/> \$ Monthly
4 yrs. old 3 days/week (M, W, F) 9:00-11:30AM OR 12:30-3:00			<input type="checkbox"/> \$ Annual <input type="checkbox"/> \$ Bi-Annual <input type="checkbox"/> \$ Monthly
4 yrs. old 5 days/week (M through F) 9:30AM-12:00PM		N/A	<input type="checkbox"/> \$ Annual <input type="checkbox"/> \$ Bi-Annual <input type="checkbox"/> \$ Monthly

A non-refundable registration fee of \$40.00 is required at the time of registration (only require one fee per family per year). One month's advance tuition is due by June 1, 2018 (to be applied to the final month, June 2019) to secure your child's placement. Checks payable to PCUMC.

Child Lives With: Father Mother Both Parents Other

Father's Name _____ **Home Phone** _____

Address _____ **Cell Phone** _____

Work Phone _____

Mother's Name _____ **Home Phone** _____

Address _____ **Cell Phone** _____

Work Phone _____

If Other: Name _____ Phone _____

Address _____

Names & Birth Dates of brothers & sisters:

1) _____ 2) _____

3) _____ 4) _____

Payment Responsibility Father Mother Both Parents Other

If Other: Name _____ Phone _____

Address _____

Church Affiliation _____

Child's Name _____ 2018-19 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:

Full Name	Primary Phone # and Type (Cell, Home, Work)	Alternative Phone # and Type (Cell, Home, Work)
1.		
2.		
3.		
4.		

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

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

Signature _____ Date _____

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. Please let us know if there are any changes to this list during the school year. **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!**

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