



**GENESIS PRESCHOOL**  
**2019-20 Registration Form**  
 A Ministry of Pendleton Center UMC  
 6864 Campbell Blvd. N. Tonawanda, NY 14120  
 Ph: (716) 625-8306 Fax: (716) 625-8192

<b>2019-20 Registration</b>
Date Received _____/_____/_____
Reg. Paid \$ _____
Check # _____

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

**Sex:**  Male  Female

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

<b>Class Desired</b> <small>(Check appropriate columns)</small>	<b>AM</b>	<b>PM</b>	<b>Tuition Plan chosen</b>
<b>3 yrs old 2 days/week</b> (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
<b>4 yrs old 3 days/week</b> (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
<b>4 yrs old 5 days/week</b> (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, 2019 (to be applied to the final month, June 2020) 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 \_\_\_\_\_ 2019-20 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.		