



New Day Christian Preschool
A Ministry of Park Ridge Free Methodist Church
10 Straub Road, Rochester, NY 14626
585-227-0990

Enrollment Application for 2010-2011 Preschool Year

Class Requesting:			
<input type="checkbox"/> 3 year old (2 sessions/week)		<input type="checkbox"/> 4 year old (3 sessions/week)	
Child's Name:		Nickname:	
		<input type="checkbox"/> M <input type="checkbox"/> F	
Birthday: _____ month _____ day _____ year	Allergies:		Age:
Mother/Guardian: Full Name:		Father/Guardian: Full Name:	
Resides with: (Check One)			
<input type="checkbox"/> Mother/Father	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Father Only	<input type="checkbox"/> Guardian
<input type="checkbox"/> Mother/Stepfather	<input type="checkbox"/> Father/Stepmother	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Other
Title: (Check One)			
<input type="checkbox"/> Mr. & Mrs.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mr.
<input type="checkbox"/> Dr. & Mrs.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Rev.	<input type="checkbox"/> Rev. & Mrs.
Current Home Phone #:	Father: Work Phone:	Mother: Work Phone:	
E-mail Address:	Cell Phone:	Cell Phone:	
Address: Apt #:	House #:	Street Name:	
			P.O. Box:
City:		State:	Zip:
Father's Occupation:		Father's Business Address:	
Mother's Occupation:		Mother's Business Address:	
Names and ages of other children in the family:			
Current Church Membership:		Please explain how you became aware of New Day Christian Preschool:	
In what previous group experience(s) has your child been involved?			
Do you have any special hobbies or work-related interest you would be willing to share at Preschool? Please specify.			
Help us get to know your child. Please tell us something personal about them i.e. likes/dislikes:			

EMERGENCY INFORMATION

In the event that we cannot reach either parent (or guardian) please list whom we may call:

Name _____ Home # _____

Relationship _____ Cell/Work # _____

RELEASE INFORMATION

My child may be released to the following people (*please do not list parents*):

Name _____ Home # _____

Relationship _____ Cell/Work # _____

RELEASE PERMISSION

I, the undersigned, hereby enroll my child in the New Day Christian Preschool beginning in the fall of 2009. It is understood that Park Ridge Free Methodist Church assumes responsibility for my child's well being during the hours of care, and will make every effort to contact the parent should any type of emergency arise.

- I give permission that in case of accident or injury, emergency medical care may be given in the event that I (or designated persons) cannot be reached.
- I give permission for my child's picture to be taken and used in publicity about the New Day Christian Preschool.

Parent or Guardian Signature Date

MEDICAL INFORMATION

Doctor's Name _____ Phone _____

Hospital with which your doctor is affiliated _____

Insurance carrier _____ Policy # _____

FINANCIAL AGREEMENT

I agree to pay the full tuition amount on or before September 1st, OR pay a partial payment as outlined below.

Please indicate the payment schedule you will use by checking one of the following:

	<u>Due</u>	<u>Three Year Old Class</u>	<u>Four Year Old Class</u>
___ Tuition in full	Sept. 1	\$700.00	\$900.00
___ 4 Quarterly payments	1 st of Sept., Dec., Feb., Apr.	\$175.00 ea.	\$225.00 ea.
___ 10 Monthly	Aug. 1	\$70.00/mo.	\$90.00/mo.

Tuition payments should be mailed to: New Day Christian Preschool 10 Straub Rd. Rochester, NY 14626

Name of/Relationship to person responsible for tuition payment _____

Address if different from child _____

I understand that the \$40 registration fee is not part of the total tuition amount and is non-refundable. I understand that a \$10 late fee will be charged for any tuition payments more than 5 days past due, and that a \$25 late fee will be charged for tuition payments more than 10 days past due. I understand that there is a \$25 fee for returned checks and that withdrawals from the program will be reimbursed as stated in the brochure.

Signature _____ Date _____

The non-refundable registration fee of \$40. is required with registration in order to hold your child's spot.