



New Day Christian Preschool
A Ministry of Park Ridge Free Methodist Church
10 Straub Road, Rochester, NY 14626
585-227-0733

Enrollment Application for 2020-2021 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
Birthdate: _____ 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 #:	Mother: Work Phone:	Father: 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 2020. 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.

During the school year, pictures are taken of children and classes for the preschool's use only. This may include our private facebook page, craft and class projects and our slideshow and dvds for our end of the year program in May so every child is included.

Additionally, we use photos of your child to be used for publicity including, but not limited to the newspapers, the pre-school links on the church website, and in open houses. By checking this box, you are giving us additional permission to use photos of your child for publicity purposes.

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	\$890.00	\$1125.00
___ 4 Quarterly payments	1 st of Sept., Dec., Feb., Apr.	\$223.00	\$282.00
___ 9 Monthly	1st of month Sept– May	\$99.00	\$125.00

Are you applying for a discount? Multiple child/ Referral/ PRFMC Member or Attendee/ Employee

Are you applying to District provided Pre-k as well? Y or N

Tuition payments should be mailed to: New Day Christian Preschool 10 Straub Rd. Rochester, NY 14626 or placed in the designated payment box outside the classroom.

Name of/Relationship to person responsible for tuition payment _____

Address if different from child _____

I understand that the \$60 registration fee is not part of the total tuition amount, but is to hold my child's spot, and is non-refundable. I understand that a \$10 late fee will be charged for any tuition payments more than 5 days past due, a \$25 late fee will be charged for tuition payments more than 10 days past due and that if my account falls more than 30 days past due, my child will not be allowed to return until my account is brought current. I understand that there is a \$25 fee for returned checks and that withdrawals from the program will be reimbursed as stated in the Parent Handbook.

Signature _____

Date _____