

# Burnt Hills Methodist Preschool 2019-20 Registration

816 Route 50, Burnt Hills, NY 12027 | 518.399.5144

Name of Child: \_\_\_\_\_ Nickname: \_\_\_\_\_

Street: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name of Mother or Legal Guardian (circle one): \_\_\_\_\_

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

Name and Address of Employment: \_\_\_\_\_

Name of Father or Legal Guardian (circle one): \_\_\_\_\_

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

Name and Address of Employment: \_\_\_\_\_

If Applicable, Name of Caregiver: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event that your child becomes sick and neither parent can be reached, list three contact people who may be called.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Health Records

Name of Health Insurance Company: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Special Services Required During Class: \_\_\_\_\_

\_\_\_\_\_ Left Handed    \_\_\_\_\_ Right Handed    \_\_\_\_\_ Toilet Trained (required by preschool)

Names and Ages of Siblings: \_\_\_\_\_

\_\_\_\_\_

List Any Fears: \_\_\_\_\_

\_\_\_\_\_

**For New Students Only:** Has your child previously attended a Preschool program?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Any talents or interests a family member could share with the class? \_\_\_\_\_

\_\_\_\_\_

If you are in need of financial assistance, check here: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Method of Payment

My child, \_\_\_\_\_ will be attending the Burnt Hills

Methodist Preschool (circle one) Monday/Wednesday/Friday class *or* Tuesday/Thursday class.

\_\_\_\_\_ The \$35 non-refundable registration fee has been paid.

It is understood the tuition of \$115.00 (two day) or \$145.00 (three day) shall be due by the first Friday of each month by check, payable to Burnt Hills Methodist Preschool or in cash in a labeled envelope. I understand there will be no refunds or partial refunds due to illness, snow days or holidays. Extenuating circumstances will be referred to the Advisory Board.

### Release of Child

If applicable, my child \_\_\_\_\_ may **NOT** be released to the following people:

\_\_\_\_\_

\_\_\_\_\_

Parent's Signature: \_\_\_\_\_

How did you hear about us?

\_\_\_ Relative/Friend

\_\_\_ Website

\_\_\_ Newspaper

\_\_\_ Sign

\_\_\_ Flyer

\_\_\_ Facebook

\_\_\_ Other: \_\_\_\_\_