

# Burnt Hills Methodist Preschool 2023-2024 Registration

816 Route 50, Burnt Hills, NY 12027 | 518.399.5144

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

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

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

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

Phone Number(s) to be included in group text: \_\_\_\_\_

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: \_\_\_\_\_

List interest(s): \_\_\_\_\_

Favorite color(s): \_\_\_\_\_

**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 \$50 non-refundable registration fee has been paid.

It is understood the tuition of \$140.00 (two-day) or \$175.00 (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:

\_\_\_\_\_  
\_\_\_\_\_

Vehicle information for anyone allowed to pick child up from school (include color, make, model, last three digits of license plate): \_\_\_\_\_

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

How did you hear about us?	
<input type="checkbox"/> Relative/Friend	<input type="checkbox"/> Website
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Sign
<input type="checkbox"/> Flyer	<input type="checkbox"/> Facebook
<input type="checkbox"/> Other: _____	