

Burnt Hills Methodist Preschool 2024-2025 Registration

816 Route 50, Burnt Hills, NY 12027 | 518.399.5144

Name of Child: _____ Nickname: _____

Street: _____

Town: _____ Zip: _____ Birthdate: _____

School District: _____ Home Phone: _____

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

E-Mail(s): _____

Name of Mother or Legal Guardian (circle one): _____

Cell Phone: _____

Name and Address of Employment: _____

Name of Father or Legal Guardian (circle one): _____

Cell 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 ____ Potty-Trained (Not Required)

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

Release of Child

My child _____, may be released to the following people:

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

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

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.

Parent's Signature: _____ Date: _____

How did you hear about us?

____ Relative/Friend

____ Website

____ Newspaper

____ Sign

____ Flyer

____ Facebook

____ Other: _____