

GENESEE COUNTRY CHRISTIAN SCHOOL

4120 Long Point Road
Geneseo, New York 14454

Application for Preschool Admission

School Year 20____ - 20____

Date _____

M/W/F Class _____ OR T/TH Class _____

Student Information

Full name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ E-mail _____

Age _____ Sex _____ Birth Date _____

Public school district student resides in _____

Family Information:

Father's Name _____ Work or cell phone _____

Mother's Name _____ Work or cell phone _____

Persons to be contacted if parents cannot be reached:

1.	2.
Name	Name
Phone	Phone
Relationship	Relationship

Siblings' Names	Age	GCCS: Yes	No
-----------------	-----	-----------	----

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

**Genesee Country Christian School
Financial Commitment Form
2010-2011 School Year**

Father's Name _____
Employer and Work Telephone _____

Mother's Name _____
Employer and Work Telephone _____

Home Address _____
Street City Zip Code

Home Telephone _____ Application Date ___/___/___

Child(ren)'s Name(s) _____

I (We) plan to use the following tuition payment plan to meet my (our) obligation to Genesee Country Christian School. I (We) understand that failure to meet this obligation in a timely manner may result in my (our) child(ren) being asked to withdraw from the school.

Choose one:

	M/W/F	T/Th	
10 equal monthly payments of	\$84.00	\$76.50	(Aug. 1st - May 1st)
Semi-annual payments of	\$420.00	\$382.50	(Aug. 1st & Jan. 5th)
One annual payment of	\$840.00	\$765.00	(Due August 1st)

Payments are due the first of each month. **A late fee of \$15.00 will be charged to your account for payments received after the 10th.**

Signature _____
Parent or Guardian Parent or Guardian

Signature _____
Principal Date

Student Health History

Name _____ Age _____ Grade _____

Has the Student ever had? *(Date all that apply)*

Illness	Date	Illness	Date	Illness	Date
Chicken Pox		Bronchitis		Convulsions	
Whooping Cough		Tonsillitis		Epilepsy	
Diphtheria		Tuberculosis		Gonorrhea	
German Measles (3 Day)		Contact with T.B.		Syphilis	
Measles (regular)		Diabetes		Kidney Disease	
Mumps		Heart Disease		Hepatitis	
Strep Throat		Polio		Mononucleosis	
Scarlet Fever		Asthma		Sickle Cell Trait	
Rheumatic Fever		Hay Fever			
Pneumonia					

Does the Student now have? *(Check all that apply)*

Persistent Cough		Eating Problems	
Frequent Sore Throat		Special Diet	
Four or more Colds Yearly		Difficulty walking	
Allergies in General		Difficulty with Coordination	
Allergies to Penicillin		Dizziness	
Allergies to Bees or Wasps		Fainting Spells	
Allergies to Foods		Migraine or Severe Headaches	
Other Allergies (explain)		Severe Menstrual Problems	
Eye Condition		P.E. Restrictions	
Wears Glasses		Dental Defects	
Other Eye Condition (explain)		Tiring Easily	
Chronic Illness		Regular Medications (explain)	

Please explain any of the above conditions: _____

Prenatal and Neonatal history: _____

Major accidents or injuries: _____

Hospitalizations, surgeries, or serious illnesses: _____

Other health problems: _____

Parent Signature _____ Date _____

GENESEE COUNTRY CHRISTIAN SCHOOL

(To Be Completed by Examining Physician)

Student's Last Name _____ First Name _____ Middle _____

Birth Date _____ Age _____ Grade _____

	Height _____	Weight _____	Blood Pressure _____
Urinalysis:	Normal _____	Abnormal _____	Vision _____
Abnormalities:	Sugar _____	Albumin _____	Vision – near point _____
Immunizations:	Complete _____	Incomplete _____	Vision with glasses/ Contacts _____

Immunization Documentation Attached _____

Hearing _____

Are there any irregularities of the following systems?

General Appearance _____	Heart _____
Nutrition _____	Lungs _____
Skin _____	Genito-urinary _____
Head _____	Musculo-skeletal _____
Eyes _____	Neuro-psychiatric _____
Ears _____	Gastro-intestinal _____
Lymph Nodes, Thyroid _____	Metabolic-endocrine _____
Nose, throat, teeth _____	Hernia _____

Special needs/considerations: _____

Allergies: _____

Prescribed medications/treatments? Name and describe: _____

To be taken at home ____

To be given at school ____

If medication is to be given at school: Name of medication, dosage and time to be dispensed:

Are there any restrictions that would prevent this student from participating in normal school activities, including physical education?

No _____ yes, please explain _____

Physician's Signature

Date of Physical

Address

Telephone

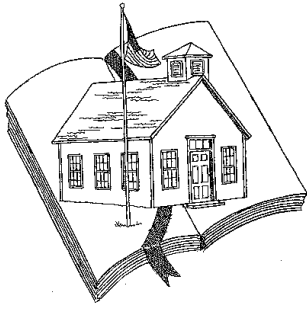
Individual Needs Questionnaire

To help determine how we can best meet your child's total educational needs it is important that we ask a few questions related to your child's school history. By answering the following questions you can provide valuable information that will help us as we consider placement options for your child. If you have any questions or concerns regarding these questions, please feel free to contact us.

1. Has your child ever skipped a grade? _____ If so, what grade? _____
2. Has your child ever participated in enrichment or gifted education programs? _____
If so, in what areas? _____
3. With which aspects of your child's education have you been most satisfied? _____

Least satisfied? _____
4. Has your child ever repeated a grade? _____ If so, what grade? _____
5. Has your child received remedial reading, writing or math services in the last two years?__
If so, which services? _____
6. Has your child ever demonstrated behavioral difficulties at school? _____ If so, please describe. _____
7. Has your child ever been evaluated by
school psychologist _____ speech/language specialist _____
learning disabilities specialist/resource teacher _____
8. Has your child been referred to the public school district's Committee on Special Education?
_____ If so, what was the outcome of the referral?

9. Has your child ever received special education services either in the public school or through a BOCES? _____ If so, what type of service? _____
10. Does your child have any other special needs, talents or abilities that we should be aware of as we consider his educational program?



Genesee Country Christian School
4120 Long Point Road
Geneseo, New York 14454

Phone: 585-243-9580
Fax: 585-243-5604

Authorization for Release of Information

To _____

Please forward the school records of:

who has/have registered at Genesee Country Christian School for the current academic year. Please send us the transcripts, health records, standardized test results and records of any psychological testing you may have. Thank you.

Sincerely,

Susan G. Teitsworth, Principal

Signature of parent/guardian _____ Date _____