

# GENESEE COUNTRY CHRISTIAN SCHOOL

4120 Long Point Road  
Geneseo, New York 14454

Registration Fee due  
with application.

## Application for Preschool Admission

New students would be considered for enrollment at GCCS after the following items have been received: **application packet** in full, **birth certificate**, **non-refundable application fee**. After all the previous items have been received, the school will schedule a parent conference with the principal.

**School Year 2021 - 2022**

Date \_\_\_\_\_

**(Note: Child must be fully toilet trained to be admitted into PreK program)**

*(Choose one option)*

**Three Year Old**    Tues/Thurs (9:00-Noon)     Half Day

**Four Year Old**    Mon/Wed/Fri (9:00-Noon)     Half Day

Mon/Wed/Fri (9:00-3:00)     Full Day

Mon-Fri (9:00-Noon)     Half Day

Mon-Fri (9:00-3:00)     Full Day

### 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 \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work or cell phone \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

### Persons to be contacted if parents cannot be reached:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Name Phone Relationship Name Phone Relationship

Siblings' Names	Age	Attends GCCS:	Yes	No
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Medical Information:**

Allergies \_\_\_\_\_

Regular medication \_\_\_\_\_ To be taken at school? Yes\_\_ No\_\_

Physician's name and telephone \_\_\_\_\_

**Religious Information:**

Church Affiliation \_\_\_\_\_

Pastor \_\_\_\_\_ Telephone # \_\_\_\_\_

**Permission for School Activities:**

**I hereby give permission** for my child, \_\_\_\_\_, to participate in all aspects of the school life at Genesee Country Christian School, including field trips and school activities on or off the premises and, therefore, absolve GCCS from any liability in case of injury during such activities, on or off the premises.

**Medical Release:** (Please attach a copy of your child's Birth Certificate - Kindergarten and new students only)

In case of medical emergency we release our child for such emergency medical assistance as the Genesee Country Christian School deems necessary. If we are unavailable and further medical care is necessary, we release our child to be taken to the nearest available medical facility. We absolve GCCS from any liability in such a situation.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

**Permission for School Photos:**

**I hereby give permission** for images (photographs and video) of my child \_\_\_\_\_, to be used in promotional materials for the Genesee Country Christian School. Such materials may include news releases, ads, newsletters, videotapes and the Genesee Country Christian School website. No names will be included with photo.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Permission for School Directory:**

New York State law states that parents have the option to opt-out of a school's student directory listing personal information including student/parent name, address and phone number. This directory is only provided to GCCS student families.

**I hereby give permission for the directory.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**I hereby opt-out of the directory.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Statement of Cooperation: (please request a digital copy of our handbook)**

**I have read** the entire contents of Genesee Country Christian School's handbook and understand the principles and policies stated therein. I am completely willing to abide by and uphold all such principles and policies. I have carefully read the school's Statement of Faith and understand that my child will be taught in accordance with the tenets therein. I also understand that attendance at Genesee Country Christian School is a privilege and not a right. I understand that GCCS reserves the right to request my child's withdrawal if in the school's opinion it would be in the child's or school's best interest to do so.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

(A copy of this signed form must be presented with the child's application and will be included in the student's file.)

**Genesee Country Christian School  
Pre-K Financial Commitment Form  
2021-2022 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 \_\_\_/\_\_\_/\_\_\_

Children(s) Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

**Fees Payable to FACTS**

<b>Choose one:</b>	<b>Tuition</b>	<b>Full Payment</b>	<b>2 Payments</b>	<b>10 Payments</b>
_____ Tues/Thurs (3 yr. old-half day)	\$1,010	\$1,010	\$505	\$101
_____ Mon/Wed/Fri (4 yr. old-half day)	\$1,209	\$1,209	\$604	\$121
_____ Mon/Wed/Fri (4 yr. old-full day)	\$2,363	\$2,363	\$1,182	\$236
_____ Monday-Friday (half day)	\$2,091	\$2,091	\$1,046	\$209
_____ Monday-Friday (full day)	\$3,851	\$3,851	\$1,926	\$385

**FACTS Fees: Choose one**

- \_\_\_\_\_ Full payment - No FACTS fee
- \_\_\_\_\_ Two payments – August 1<sup>st</sup> /January 1<sup>st</sup> - \$10 FACTS fee per family
- \_\_\_\_\_ Ten monthly payments - \$45 FACTS fee per family

Budgeted payments will be processed by FACTS by one of two methods:

1. Payment transferred from your savings or checking account monthly on the 1<sup>st</sup>, 5<sup>th</sup>, 10<sup>th</sup>, or 15<sup>th</sup>.
2. Receive monthly invoices via email or regular mail, paid by check or electronically from your FACTS payment portal. Payments are due according to the plan you choose. A late fee of **\$15.00** will be charged to your account for payments received **10 days after payment due date.**

Signature \_\_\_\_\_  
Parent or Guardian Parent or Guardian

Signature \_\_\_\_\_  
Principal Date

## Parental Support

As school and home work together to meet the students' needs, we expect the support of parents in the following:

1. Provide encouragement and help in the completion of homework and assignments.
2. Regular student attendance. Vacations should be scheduled during school holidays whenever possible
3. Prompt arrival in the morning. Tardiness hinders students' progress and disturbs the class schedule.
4. Volunteer a minimum of 10 hours during the school year.
5. Participation in all fundraising activities. (See requirements below)
6. Meet financial obligations to the school on time.
7. Pray for the faculty, staff, students and school board

## Fundraising Requirements

Parent participation in fundraisers is *essential* for balancing the budget.

### Each family is required to:

- Sign up to work the fall Chicken BBQ fundraiser
- Sell 10 Chicken BBQ tickets or pay a buyout fee of \$60; any unsold tickets **must** be returned.
- Sign up to work the March Spaghetti Dinner & Auction fundraiser
- Donate an item to the auction or pay a buyout fee of \$75
- Sell 10 Spaghetti Dinner tickets or pay a buyout fee of \$40; any unsold tickets **must** be returned.
- Buyouts need to be paid when the tickets are due, if not, the buyout amount will be applied to your FACTS account.
- Families will be responsible for the cost of unsold and unreturned items for all fundraisers.
- There is a **minimum of 10 hours** volunteer time per family during the school year above and beyond the Chicken BBQ and Spaghetti Dinner & Auction fundraisers.

## School Hours

<b>Preschool:</b> Three Years Old (Half Day) Tues/Thurs	9:00 am - 12:00 pm
Four Years Old (Half Day) Mon/Wed/Fri	9:00 am - 12:00 pm
(Full Day) Mon/Wed/Fri	9:00 am - 3:00 pm
(Half Day) Mon-Fri	9:00 am - 12:00 pm
(Full Day) Mon-Fri	9:00 am - 3:00 pm
<b>Kindergarten:</b> Five Years Old by Dec. 1 <sup>st</sup>	
(Half Day) Monday-Friday	8:15 am-12:00 pm
(Full Day) Monday-Friday	8:15 am-3:00 pm

**1<sup>st</sup>-8<sup>th</sup> Grades:** 8:15 am - 3:00 pm

**K-8<sup>th</sup>:** Drop off time 8:05am  
Classes begin at 8:15am

The doors will be **locked from 8:20-3:00**. Parents and visitors must sign in at the office during school hours.

## Student Health History (Parents fill out this form)

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  
4120 Long Point Road  
Geneseo, New York 14454**

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

## **MEDICATION PROCEDURE**

New York State Education Law prohibits school nurses from dispensing medication to school children without specific, written authorization from parents and the family doctor.

This applies to prescription drugs *and* over the counter items.

If parents expect a medication to be dispensed to a child during the hours he/she is in school, the following requirements must be met in each specific case of treatment:

1. From the family doctor – a written request indicating frequency and dosage of a prescribed medication.
2. From the parent – a written request to administer the medication as specified by the doctor.
3. A supply of the medication in a pharmacy labeled container.
4. By the parent – direct personal delivery of the medication to the school nurse.
5. Controlled substances must be counted by the school nurse and parent when the medication is delivered to school. At this time both nurse and parent must sign for the medication.

The authorization described above does not carry over from one school year to the next. **It must be updated with the start of each school year.**



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**Medicine Release Form**

**PART I IS TO BE COMPLETED BY FAMILY PHYSICIAN  
PART II IS TO BE COMPLETED BY PARENT OR GUARDIAN**

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**PART I**

\_\_\_\_\_ should receive the medication prescribed by me and  
(Name of child)

Described below, during school hours:

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Frequency: (in 24 hour period) \_\_\_\_\_

Date to begin medication: \_\_\_\_\_ Date to stop medication: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PART II**

I hereby request the medication described above, prescribed for my child, be administered by school personnel as ordered.

\_\_\_\_\_ By \_\_\_\_\_  
Name Name of Doctor Telephone

\_\_\_\_\_ \_\_\_\_\_  
Parent/Guardian Relationship to Child Telephone

\_\_\_\_\_  
Date

**Medication must be in original prescription bottle with specific orders and name of medication.  
Medication and refills must be brought to school by parent, guardian or responsible adult.**