

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 2022 - 2023

Date _____

(Note: Child must be fully toilet trained to be admitted into Preschool 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Genesee Country Christian School
Pre-K Financial Commitment Form
2022-2023 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

Choose one:	Tuition	Full Payment	2 Payments	10 Payments
_____ Tues/Thurs (3 yr. old-half day)	\$1,071	\$1,071	\$535	\$107
_____ Mon/Wed/Fri (4 yr. old-half day)	\$1,282	\$1,282	\$641	\$128
_____ Mon/Wed/Fri (4 yr. old-full day)	\$2,504	\$2,504	\$1,252	\$250
_____ Monday-Friday (half day)	\$2,153	\$2,153	\$1,076	\$215
_____ Monday-Friday (full day)	\$4,085	\$4,085	\$2042	\$408

FACTS Fees: Choose one

- _____ Full payment - No FACTS fee
- _____ Two payments – August 1st /January 1st - \$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 1st, 5th, 10th, or 15th.
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 \$70; 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 \$50; 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

Preschool: 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
Kindergarten: Five Years Old by Dec. 1 st	
(Half Day) Monday-Friday	8:15 am-12:00 pm
(Full Day) Monday-Friday	8:15 am-3:00 pm

1st-8th Grades: 8:15 am - 3:00 pm

K-8th: 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**

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: _____

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.**