



GREECE CHRISTIAN PRESCHOOL

A ministry of Greece Assembly through Greece Christian School

750 Long Pond Rd.
Rochester, NY 14612
Phone: (585)-723-1165
Fax: (585)-723-8241
greecechristianpreschool.org

APPLICATION FOR ENROLLMENT

This **Application for Enrollment** must be completed and submitted to the school office with the Student Health Services Information form, which includes immunization records, before a child can be accepted for enrollment.

Child's Information

Child's Name: _____
First MI Last

Gender: ☐ Male ☐ Female Age: _____ DOB: ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Language Spoken at Home: _____ Church Attending: _____

Family Information

Father's Email: _____ Mother's Email: _____

Father's Name: _____ Cell: _____ Work: _____

Address (if different): _____

Mother's Name: _____ Cell: _____ Work: _____

Address (if different): _____

Person(s), other than parents, authorized to pick up child / Emergency Numbers:

Name _____ Relation to child: _____ Phone #: _____

Name _____ Relation to child: _____ Phone #: _____

Please list any food allergies, or other special circumstances, that we should be aware of:

Is your child independent with bathroom needs? ☐ Yes ☐ No

I understand and agree that if an accident should happen, I will come and change my child or take my child home.

Please Initial: _____

(Continued on reverse side)



2025-2026 Tuition Plan and Options for Greece Christian Preschool

10-Month Plan:	10 Monthly Payments	August - May
One-Payment Plan:	Paid in Full	by August 1, 2025

Registration Fee: \$100 for one child
**This fee is non-refundable.*

Tuition Costs:	\$2,900.00/year	5 Days/week
(3 or 4 years old)	\$2,040.00/year	3 Days/week
	\$1,590.00/year	2 Days/week

**Multi-Child Discount: 10% preschool discount if an additional child is enrolled in GCS Pre-K - 8th*

All sessions are from 9:15 AM - 11:45 AM. Please check the session and the payment plan desired:

Three-year-old:	<u>10-Month Plan</u>	<u>One-Payment Plan</u>
___ Tuesdays/Thursdays	___ \$159.00	___ \$1,590.00
___ Wednesdays/Fridays	___ \$159.00	___ \$1,590.00
___ Mon./Wed./Fri.	___ \$204.00	___ \$2,040.00

Four-year-old:	<u>10-Month Plan</u>	<u>One-Payment Plan</u>
___ Tuesdays/Thursdays	___ \$159.00	___ \$1,590.00
___ Mon./Wed./Fri.	___ \$204.00	___ \$2,040.00
___ Mon - Fri	___ \$290.00	___ \$2,900.00

**Name and grade of Pre-K-8 child at GCS (if applicable):* _____

I am aware that tuition will be paid through an account I set up with **FACTS Tuition Management** (ACH) online. I will pick a payment plan, a due date (1st, 15th, or last day of the month), and a financial institution or credit card (2.85% charge) for payments. I will be subject to a \$30.00 late fee if not paid by the date I select. A NSF fee of \$30.00 will be charged by FACTS for non-sufficient funds.

I authorize the staff to take immediate steps to procure professional medical treatment for my child in case of an emergency. I will be notified immediately afterwards.

Parent's signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Date Received: _____	Initials: _____	Health Form Received: _____
Non-Refundable Registration Fee: \$ _____	<input type="checkbox"/> Check #: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Other: _____
If applicable, name of second child: _____		Start Date: _____



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MEDIA RELEASE FORM

I ACKNOWLEDGE that Greece Assembly and/or Greece Christian School may take photographs or film or digital recording of my child and other participants during school activities. I hereby authorize Greece Assembly, Greece Christian School, and their approved staff to take, use, display, publish, reproduce, and distribute any and all photographs and recordings that include my child's image and to create derivative works based upon all such photographs and recordings, including use in media releases, reports on the school, marketing and promotional materials, newsletters, and websites, social media, and electronic communication.

I hereby release and discharge Greece Christian School from all claims and demands arising out of or in connection with the use of photographs, including any claims for libel or invasion of privacy.

- ☐ **Yes, I will allow** Greece Christian School to take my student's photos.
- ☐ *No, I do not give* permission to Greece Christian School to take my student's photos.

Student Name (please print): _____ Grade: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Please Note: This form does not cover publication of student photos or names in the public news media. And this form does not apply to yearbooks, student newsletters, and other student publications.





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HEALTH & WELLNESS INFORMATION

Registration for Pre-K is quickly approaching. Please review the following requirements so that your child's entrance into Greece Christian School is assured.

Required Immunizations:

- Proof of Immunizations signed by a physician or clinic.

If we have not received the required immunization paperwork by the first day of school, the student will not be allowed to attend until it is received.

Physical Examinations:

- All students entering Pre-K must have proof of a physical by a healthcare provider done within the previous twelve months, or a note telling when the physical is scheduled for.

If you have any questions, I can be reached at 723-1165.

Julie A. Cuvelier, *School Nurse*



REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

IF AN AREA IS NOT ASSESSED INDICATE NOT DONE

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: Date of last seizure: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached
Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

Risk Factors for Diabetes or Pre-Diabetes: Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.

BMI _____ kg/m2

Percentile (Weight Status Category): ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and >

Hyperlipidemia: ☐ No ☐ Yes ☐ Not Done

Hypertension: ☐ No ☐ Yes ☐ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
Laboratory Testing	Positive	Negative	Date	List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Lead Level Required Grades Pre- K & K		Date		
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 $\mu\text{g/dL}$				
<input type="checkbox"/> System Review and Abnormal Findings Listed Below				
<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal
<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:			Diagnoses/Problems (list) ICD-10 Code*	
<input type="checkbox"/> Additional Information Attached			*Required only for students with an IEP receiving Medicaid	

Name:				DOB:	
SCREENINGS					
Vision (w/correction if prescribed)	Right	Left	Referral	Not Done	
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
Near Vision Acuity	20/	20/		<input type="checkbox"/>	
Color Perception Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail				<input type="checkbox"/>	
Notes					
Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.				Not Done	
Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
Notes					
Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7	Negative	Positive	Referral	Not Done	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK					
<input type="checkbox"/> Student may participate in all activities without restrictions. <input type="checkbox"/> Student is restricted from participation in: <div style="margin-left: 20px;"> <input type="checkbox"/> Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling. <input type="checkbox"/> Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball. <input type="checkbox"/> Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field. <input type="checkbox"/> Other Restrictions: </div>					
Developmental Stage for Athletic Placement Process <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level. Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V Age of First Menses (if applicable) : _____					
<input type="checkbox"/> Other Accommodations*: (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.					
MEDICATIONS					
<input type="checkbox"/> Order Form for Medication(s) Needed at School Attached					
IMMUNIZATIONS					
<input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIIS					
HEALTH CARE PROVIDER					
Medical Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
Please Return This Form To Your Child's School When Completed.					



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GCS DISCLOSER & SIGNATURE OF COMPLETION

Greece Christian School reserves the right to admit or to dismiss students based on its own criteria of spiritual commitment, academic performance, and personal qualifications including a willingness to cooperate with the school administration and to abide by its policies and regulations. Greece Christian School admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities made available to students at the school. It does not discriminate based on race, color, national, and ethnic origin in the administration of its education policies, admission policies, or any school administered programs. The NYSED State Office of Religious and Independent School (SORIS) uses the Basic Educational Data System (BEDS) code to recognize and facilitate programs, services, and resources that schools' students are entitled to receive.

For reporting purposes, please select the following option that best describes your student's race/ethnicity:

- ☐ **American Indian/Alaskan**
- ☐ **Black/African American**
- ☐ **Asian**
- ☐ **Pacific Islander**
- ☐ **Hispanic/Latino**
- ☐ **White/Caucasian**
- ☐ **Multi-Racial**

I acknowledge that the above application is completed in its entirety with clear and accurate information and that I must submit all the required forms before my application will be officially reviewed.

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY

Date Application Received: _____ **Initials:** _____