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

Preferred 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)

2023-2024 Tuition Plan and Options for Greece Christian Preschool

10-Month Plan:	10 Monthly Payments	August - May
One-Payment Plan:	Paid in Full	by September 1, 2023

Registration Fee: $150 for one child $200 for two or more children

**This fee is non-refundable. If enrolled, $100 of this fee can be applied toward tuition.*

Tuition Costs:	$2,500.00/year	5 Days/week
(3 or 4 years old)	$1,800.00/year	3 Days/week
	$1,430.00/year	2 Days/week

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

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

Three-year-old:		10-Month Plan		One-Payment Plan	
____	Tuesdays/Thursdays	____	$143.00	____	$1,430.00
____	Wednesdays/Fridays	____	$143.00	____	$1,430.00
____	Mon./Wed./Fri.	____	$180.00	____	$1,800.00

Four-year-old:		10-Month Plan		One-Payment Plan	
____	Tuesdays/Thursdays	____	$143.00	____	$1,430.00
____	Mon./Wed./Fri.	____	$180.00	____	$1,800.00
____	Mon - Fri	____	$250.00	____	$2,500.00

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

I am aware that tuition will be paid though 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 $25.00 late fee if not paid by the date I select. A NSF fee of $25.00 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:** _____

SURVEY: If an afternoon class time was offered, would that have been of interest to your family? ☐ Yes ☐ No

FOR OFFICE USE ONLY

Date Received: _____ Initials: _____ Health Form Received: _____

Non-Refundable Registration Fee: $_____ ☐ Check #: _____ ☐ Cash ☐ 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*

GREECE CENTRAL SCHOOL DISTRICT

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: ☐ M ☐ F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies ☐ No ☐ Yes, indicate type	Type: ☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
Asthma ☐ No ☐ Yes, indicate type	☐ Intermittent ☐ Persistent ☐ Other : ☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
Seizures ☐ No ☐ Yes, indicate type	Type: Date of last seizure: ☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
Diabetes ☐ No ☐ Yes, indicate type	Type: ☐ 1 ☐ 2 ☐ Medication/Treatment Order Attached ☐ 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
TB- PRN	☐	☐	
Sickle Cell Screen-PRN	☐	☐	
Lead Level Required Grades Pre- K & K			**Date**
☐ Test Done ☐ Lead Elevated ≥ 5 µg/dL			

List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)

☐ **System Review and Abnormal Findings Listed Below**

☐ HEENT	☐ Lymph nodes	☐ Abdomen	☐ Extremities	☐ Speech
☐ Dental	☐ Cardiovascular	☐ Back/Spine	☐ Skin	☐ Social Emotional
☐ Neck	☐ Lungs	☐ Genitourinary	☐ Neurological	☐ Musculoskeletal

☐ Assessment/Abnormalities Noted/Recommendations:

☐ Additional Information Attached

Diagnoses/Problems (list) ICD-10 Code*

*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/	☐ Yes ☐ No	☐
Near Vision Acuity	20/	20/		☐
Color Perception Screening ☐ Pass ☐ Fail				☐
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** ☐ Pass ☐ Fail	**Left** ☐ Pass ☐ Fail	**Referral** ☐ Yes ☐ No	☐
Notes				

Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7	**Negative**	**Positive**	**Referral**	**Not Done**
	☐	☐	☐ Yes ☐ No	☐

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

☐ **Student may participate in all activities without restrictions.**

☐ **Student is restricted from participation in:**

☐ **Contact Sports:** Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.

☐ **Limited Contact Sports:** Baseball, Fencing, Softball, and Volleyball.

☐ **Non-Contact Sports:** Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.

☐ **Other Restrictions:**

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: ☐ I ☐ II ☐ III ☐ IV ☐ V Age of First Menses (if applicable) : _____

☐ **Other Accommodations*:** (e.g. Brace, orthotics, insulin pump, prostectic, 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

☐ **Order Form for Medication(s) Needed at School Attached**

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSIIS

HEALTH CARE PROVIDER

Medical Provider Signature:

Provider Name: *(please print)*

Provider Address:

Phone: Fax:

Please Return This Form To Your Child's School When Completed.