



GOSHEN CHRISTIAN PRESCHOOL REGISTRATION FORM

Please complete this form & submit with the registration fee of
\$50.00 (Made payable to Goshen Christian School)

*This step is necessary to hold your child's spot for the new school
year.

Mail to:

Goshen Christian Preschool

2430 State Route 17A

Goshen, NY 10924

Child's full name _____

Name of parents or guardian _____

Address _____

Town _____ State _____ Zip _____

Date of birth _____

Please check one: Natural child Adopted child

Parents: (check one) Married Separated Divorced

Father's place of employment _____

Phone (cell & work) _____

Mother's place of employment (if outside of the
home) _____

Phone (home) _____ Cell _____

Email _____

Family Physician (name & phone) _____

Please list any health problems & medications child is presently
taking _____

Name and phone numbers of two additional persons to contact in
the event of an emergency (other than parent):

1. _____

2. _____

I hereby give my consent to call a physician or medical emergency
personnel or to transport child to a hospital in the event of an
emergency if none of the above can be reached by phone.

Parent's Signature _____

***All enrolling children must be fully potty trained and 3 years
of age by November of the new school year.**

Is mother a member of a church? _____

Name and location _____

Is father a member of a church? _____

Name & location _____

Does your child attend Sunday School? _____

If so, where? _____

Names and ages of brothers and sisters _____

Does your child receive extensive care by anyone other than parents? _____

If so, by whom? _____

How does your child relate to other children? _____

How does your child relate to adults? _____

Previous group experiences of child _____

Are there any particular behavioral concerns you wish us to be aware of? _____

What helps to reassure your child when upset? _____

How would you describe your child's personality? _____

Favorite pastimes and interests _____

Does your child enjoy being read to? _____

Does your child enjoy singing? _____

What hand is usually used? _____

Please list experience with use of creative material such as clay, crayons, markers, scissors, tape, glue, paint, etc.

Does your child participate in cleaning up his belongings? _____

Dress self? _____

Is child completely toilet trained? _____ (child must be self sufficient in the bathroom)

Are there any speech difficulties that we should be aware of? _____

Allergies? _____

Is there anything that you are specifically hoping for your child to accomplish in preschool this year? _____

Please add any additional information or comments that might further the understanding of your child _____

*Goshen Christian Preschool makes no discrimination in admissions or determination of enrollment on the basis of race, creed, sex, color, or national origin.

Parental Signature _____

*(Denotes acceptance of terms, conditions, and policy for payment schedule)

PLEASE CHECK ONE OF THE FOLLOWING:

_____ 3 Day Three Year Old Program (M/W/F) 9am-12pm \$1,650.00 yearly

_____ 4 Day Three Year Old Program (M/T/W/F Mornings) 9am-12pm \$2215.00 yearly

_____ 3 Day Four Year Old Program (M/W/F) 9am-12pm \$1,650.00 yearly

_____ 4 Day Four Year Old Program (M/T/W/F Mornings) 9am-12pm \$2215.00 yearly



*We use the SMART tuition payment program allowing convenient, modern payment methods, including online payments, payments by phone and a secure way to allow families to schedule one-time and recurring payments from both bank accounts and credit cards. All preschool families are required to use this service for tuition payment and must be registered with SMART by the first week of August.

