

GOSHEN CHRISTIAN PRESCHOOL 2025-2026 REGISTRATION FORM

Please complete this form & submit with the registration fee of \$75.00* *See note on last page*.

Mail to:

Goshen Christian Preschool 2430 State Route 17A, Goshen, NY 10924

Child's full name					
Name of parents or guardian					
Address					
Town					
Date of birth					
Please check one:Nat	tural child	_ Adopted child			
Parents: (check one)Ma	arriedSeparat	edDivorced			
Father's place of employme	ent				
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 i the event of an emergency (other than parent):
1
2
I hereby give my consent to call a physician or medical emergence personnel or to transport child to a hospital in the event of an emergency if none of the above can be reached by phone.
How did you hear about us?
Parent's Signature
*All annualling abilduous secret ha fully matter trained and 2 years of

^{*}All enrolling children must be fully potty trained and 3 years of age by December 1 of the new school year.

Is mother a member of a church?	How would you describe your child's personality?		
Name and location			
Is father a member of a church?	Favorite pastimes and interests		
Name & location	Does your child enjoy being read to?		
Does your child attend Sunday School?	Does your child enjoy singing?		
If so, where?	What hand is usually used?		
Names and ages of brothers and sisters	Please list experience with use of creative material such as clay, crayons, markers, scissors, tape, glue, paint, etc.		
Does your child receive extensive care by anyone other than parents?	Does your child participate in cleaning up his belongings?		
If so, by whom?			
How does your child relate to other children?	Dress self?		
	Is child completely toilet trained?(Child must be potty trained and self sufficient in the bathroom.)		
How does your child relate to adults?	Are there any speech difficulties or other services (i.e. OT/PT)		
Previous group experiences of child	that we should be aware of?		
Are there any particular behavioral concerns you wish us to be	Allergies?		
aware of?	Is there anything that you are specifically hoping for your child to accomplish in preschool this year?		
What helps to reassure your child when upset?			

Please add any additional information or comments that migh 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 payr	nent schedule.)
PLEASE CHECK ONE OF THE FOLLOWING:	
Three Year Old Program *Age 3 by December 1 of the upc	oming school year
3 Half Day (M/W/F) 9:00am-12:00pm \$2	,500.00 yearly/\$250.00 monthly
Four Year Old Programs *Age 4 by December 1 of the upon	coming school year
	,500.00 yearly/\$250.00 monthly ,400.00 yearly/\$440.00 monthly

<u>REGISTRATION FEE:</u> \$75.00 cash or check (Made payable to Goshen Christian School) <u>MUST</u> be included with this registration form, this step is necessary to hold your child's spot for the new school year.

NOTE: if a decision is made to withdraw your child after 6/12/2025, the registration fee will not be returned.

BLACKBAUD TUITION *We use the Blackbaud 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 Blackbaud by the first week of August.