

# GENESEE COUNTRY CHRISTIAN SCHOOL

4120 Long Point Road  
Geneseo, New York 14454

Registration Fee  
due with

## Application for Kindergarten 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 and student conference with the principal and screening with Kindergarten teacher.

**School Year 2019-2020**

Half Day

Full Day

Date \_\_\_\_\_

### 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 GCCS: Yes No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical Information:**

**Student Name:** \_\_\_\_\_

Allergies \_\_\_\_\_

Regular medication \_\_\_\_\_ To be taken at school? Yes\_\_ No\_\_

Physician's name and telephone \_\_\_\_\_

**Religious Information:**

Church Affiliation \_\_\_\_\_

Pastor \_\_\_\_\_ Telephone # \_\_\_\_\_

**Permission for School Activities:**

**I hereby give permission** for my child, \_\_\_\_\_, to participate in all aspects of the school life at Genesee Country Christian School, including field trips and school activities on or off the premises and, therefore, absolve GCCS from any liability in case of injury during such activities, on or off the premises.

**Medical Release:** (Please attach a copy of your child's Birth Certificate - Kindergarten and new students only)

In case of medical emergency we release our child for such emergency medical assistance as the Genesee Country Christian School deems necessary. If we are unavailable and further medical care is necessary, we release our child to be taken to the nearest available medical facility. We absolve GCCS from any liability in such a situation.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

**Permission for School Photos:**

**I hereby give permission** for images (photographs and video) of my child \_\_\_\_\_, to be used in promotional materials for the Genesee Country Christian School. Such materials may include news releases, ads, newsletters, videotapes and the Genesee Country Christian School website. No names will be included with photo.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Permission for School Directory:**

New York State law states that parents have the option to opt-out of a school's student directory listing personal information including student/parent name, address and phone number. This directory is only provided to GCCS student families.

**I hereby give permission for the directory.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**I hereby opt-out of the directory.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Statement of Cooperation:**

**I have read** the entire contents of Genesee Country Christian School's handbook and understand the principles and policies stated therein. I am completely willing to abide by and uphold all such principles and policies. I have carefully read the school's Statement of Faith and understand that my child will be taught in accordance with the tenets therein. I also understand that attendance at Genesee Country Christian School is a privilege and not a right. I understand that GCCS reserves the right to request my child's withdrawal if in the school's opinion it would be in the child's or school's best interest to do so.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

(A copy of this signed form must be presented with the child's application and will be included in the student's file.)

# GENESEE COUNTRY CHRISTIAN SCHOOL

## 2019-2020 Kindergarten Tuition Schedule

### Fees Payable to GCCS

#### REGISTRATION FEE

Due with application. See attached registration fee information.

### Fees Payable to FACTS

#### KINDERGARTEN

<b>Half Day Tuition</b>	\$3,230.00 (See Financial Commitment Form in this packet
<b>Full Day Tuition</b>	\$4,305.00 for payment options and FACTS fees)
<b>Activity Fee</b>	\$50.00 per child <u>due by Sept. 1st</u>

Budgeted payments will be processed by FACTS by one of two methods:

1. Payment transferred from your savings or checking account monthly on the 1<sup>st</sup>, 5<sup>th</sup>, 10<sup>th</sup> or 15<sup>th</sup>.
2. Receive monthly invoices via email or regular mail, paid by check or electronically from your FACTS payment portal.

### **5% discount for Full Payment by August 1, 2019**

### DISCOUNTS

<b>Second Child Full Tuition</b>	<b>Tuition with 15% Discount</b>	<b>Grade Level</b>
\$3,230.00	\$2,745.50	(Kindergarten Half Day)
\$4,305.00	\$3,659.25	(Kindergarten Full Day)
\$5,123.00	\$4,354.55	(Elementary)
\$5,709.00	\$4,852.65	(Jr. High)
<b>Third Child Full Tuition</b>	<b>Tuition with 25% Discount</b>	<b>Grade Level</b>
\$3,230.00	\$2,422.50	(Kindergarten Half Day)
\$4,305.00	\$3,228.75	(Kindergarten Full Day)
\$5,123.00	\$3,842.25	(Elementary)

**Genesee Country Christian School  
Financial Commitment Form  
2019-2020 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 \_\_\_/\_\_\_/\_\_\_

Student's Name(s) \_\_\_\_\_  
\_\_\_\_\_

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.

**Choose one:**

11 monthly payments of \$\_\_\_\_\_. (Beginning August 1<sup>st</sup>)  
(With a one-time \$45 FACTS fee per family)

Semester payments of \$\_\_\_\_\_. (August 1st & Jan. 5th)  
(With a one-time \$10 FACTS fee per family)

One annual payment of \$\_\_\_\_\_. (Due August 1st)  
(5% discount, no FACTS fee)

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**. Both parent/guardian signatures are required for financial obligation.

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 \$50; 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 \$40; 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) Monday-Friday 9:00 am-12:00 pm  
(Full Day) Monday-Friday 9:00 am-3:00 pm

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

**1<sup>st</sup>-8<sup>th</sup> Grades:** 8:15 am -3:00 pm

**K-8<sup>th</sup>:** **Drop off time 8:15am**      **Classes begin at 8:25am**

The doors will be **locked from 8:25-3:00**. Parents and visitors must sign in at the office during school hours.

**Individual Needs Questionnaire** Student Name: \_\_\_\_\_

To help determine how we can best meet your child's total educational needs it is important that we ask a few questions related to your child's school history. By answering the following questions you can provide valuable information that will help us as we consider placement options for your child. If you have any questions or concerns regarding these questions, please feel free to contact us.

1. Has your child ever skipped a grade? \_\_\_\_\_ If so, what grade? \_\_\_\_\_

2. Has your child ever participated in enrichment or gifted education programs? \_\_\_\_\_

If so, in what areas? \_\_\_\_\_

3. With which aspects of your child's education have you been most satisfied? \_\_\_\_\_

\_\_\_\_\_

Least satisfied? \_\_\_\_\_

4. Has your child ever repeated a grade? \_\_\_\_\_ If so, what grade? \_\_\_\_\_

5. Has your child received remedial reading, writing or math services in the last two years?\_\_  
If so, which services? \_\_\_\_\_

6. Has your child ever demonstrated behavioral difficulties at school? \_\_\_\_\_ If so, please describe. \_\_\_\_\_

7. Has your child ever been evaluated by

school psychologist \_\_\_\_\_ speech/language specialist \_\_\_\_\_

learning disabilities specialist/resource teacher \_\_\_\_\_

8. Has your child been referred to the public school district's Committee on Special Education?  
\_\_\_\_\_ If so, what was the outcome of the referral?

\_\_\_\_\_

9. Has your child ever received special education services either in the public school or through a BOCES? \_\_\_\_\_ If so, what type of service? \_\_\_\_\_

10. Does your child have any other special needs, talents or abilities that we should be aware of as we consider his educational program?

\_\_\_\_\_



**Genesee Country Christian School**  
**4120 Long Point Road**  
**Geneseo, New York 14454**

Phone: 585-243-9580 Fax: 585-243-5604

**Authorization for Release of Information**

To \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please forward the school records of:**

Student Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

who has/have registered at Genesee Country Christian School for the current academic year. Please send us the transcripts, health records, standardized test results and records of any psychological testing you may have. Thank you.

Sincerely,

Betsy Flickner, Principal

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

## Student Health History (Parents fill out this form)

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

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 \_\_\_\_\_



# Dental Health Certificate- Optional

**Parent/Guardian:** New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

## Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name:		
Last	First	Middle
Birth Date: / / Month Day Year	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Will this be your child's first visit to a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No
School: Name		Grade

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities?  Yes  No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature

Date

## Section 2. To be completed by the Dentist

**I. The Dental Health condition of \_\_\_\_\_ on \_\_\_\_\_ (date of exam) The date of the exam needs to be within 12 months of the start of the school year in which it is requested. Check one:**

Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.

No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's name and address (please print or stamp)

Dentist's Signature

**Optional Sections - If you agree to release this information to your child's school, please initial here.**

### II. Oral Health Status (check all that apply).

Yes  No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].

Yes  No **Untreated Caries** – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].

Yes  No **Dental Sealants Present**

Other problems (Specify): \_\_\_\_\_

### III. Treatment Needs (check all that apply)

No obvious problem. Routine dental care is recommended. Visit your dentist regularly.

May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.

Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.



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## **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.**

# Transportation Information

Students attending private schools are entitled to busing from their public school district when they meet the following requirements:

1. The student's home is no more than 15 miles from the private school.
2. A written request for transportation has been made to the superintendent of the public school in which you reside **no later than April 1<sup>st</sup>**.

Additionally, if a bus is already transporting students from a district, others may ride even if their home exceeds the distance requirement. A written request submitted before the April 1<sup>st</sup> deadline is still required.

Please see the next page for a copy of a suitable transportation request form.

**Please note:** *This form is to be mailed to the **Superintendent of the public school in which you reside**, not Genesee Country Christian School or the bus garage.*

It is also important to include the full name, address, and grade to be entered for each child that needs transportation.

# Request for Bus Transportation

(Send this form to your child's Public School District Superintendent's office)

School Year 20\_\_\_\_ - 20\_\_\_\_

Name of Parent(s)/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_

Work \_\_\_\_\_

School Requested:



**Genesee Country Christian School**  
**4120 Long Point Road**  
**Geneseo, New York 14454**

## **CURRENT SCHOOL HOURS**

Drop off time: 8:15 AM

Time School Begins: 8:25 AM

Time School Ends 12:00 PM (Kindergarten half day)

Time School Ends: 3:00 PM (Kindergarten full day – 8<sup>th</sup> grade)

## **List of children who will require transportation:**

**Name**

**Age**

**Grade** (coming year)

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\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Address

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Date of request