

# THE GENESIS MONTESSORI PRESCHOOL ENROLLMENT FORM

\_\_\_\_\_  
Child's Name Date of Birth

\_\_\_\_\_  
Address (Street, City, State, Zip Code)

Daily Schedule: \_\_\_\_\_ Morning Session \_\_\_\_\_ Afternoon Session

Weekly Schedule: \_\_\_\_\_ Five Days \_\_\_\_\_ Three Days (Inquiry must be made and approval received for three days)

\_\_\_\_\_  
A) Mother's Name Home Phone Number

\_\_\_\_\_  
Address (Street, City, State, Zip Code)

\_\_\_\_\_  
Employed by Hours of Employment

\_\_\_\_\_  
Address (Street, City, State, Zip Code) Business Phone No.

\_\_\_\_\_  
B) Father's Name Home Phone Number

\_\_\_\_\_  
Address (Street, City, State, Zip Code)

\_\_\_\_\_  
Employed by Hours of Employment

\_\_\_\_\_  
Address (Street, City, State, Zip Code) Business Phone No.

## EMERGENCY CONTACT(S) (OTHER THAN PARENT(S) OR DOCTOR)

1. \_\_\_\_\_  
Name Relationship to child

\_\_\_\_\_  
Address(Street, City, State, Zip Code) Phone

2. \_\_\_\_\_  
Name Relationship to child

\_\_\_\_\_  
Address(Street, City, State, Zip Code) Phone

AUTHORIZED PERSONS FOR CAR POOLS:

I/We give permission for the following person(s) to provide transportation for \_\_\_\_\_ from the Genesis Preschool to my/our home or designated location.

1. \_\_\_\_\_  
Name of person Phone  
\_\_\_\_\_  
Address(Street, City, State, Zip Code)

2. \_\_\_\_\_  
Name of person Phone  
\_\_\_\_\_  
Address(Street, City, State, Zip Code)

3. \_\_\_\_\_  
Name of person Phone  
\_\_\_\_\_  
Address(Street, City, State, Zip Code)

\*\* \_\_\_\_\_  
Signature of enrolling parent Date

OTHER COMMENTS:

\*\* \_\_\_\_\_  
Signature of enrolling parent Date

RETURN THIS FORM TO:

THE GENESIS PRESCHOOL

% Lee's Summit United Methodist Church

Second & Douglas - P.O. Box 362

Lee's Summit, Mo. 64063

Phone: 816-525-2215

TO BE COMPLETED BY GENESIS PRESCHOOL

Admission Date\_\_\_\_\_

Discharge Date\_\_\_\_\_

(Form to be retained for one year after discharge)

