

Genesis Preschool
Evangelical United Methodist Church
513 E. Spotswood Ave.
Elkton, Va. 22827
(540) 298-0395



Child's Name _____

Date of Birth _____

Parents or Guardians _____

Father

Mother

Address _____

Home Phone Number _____

E-Mail Address _____

Mother's Employer _____

Work Phone Number _____

Cell Phone Number _____

Father's Employer _____

Work Phone Number _____

Cell Phone Number _____

I understand there is a \$35.00 nonrefundable registration fee due at the time of registration. Please make checks payable to Genesis Preschool. I understand that I must submit a copy of the child's birth certificate and a signed statement from the child's doctor indicating the immunizations that have been given, the date of the last health examination, any special health problems the child has.

Please return this
Completed form and
Registration fee to:

Signature of parent or guardian

Brenda Burgoyne
Genesis Preschool
513 E. Spotswood Ave.
Elkton, VA. 22827

Date

After June 1st please mail to: Brenda Burgoyne
P.O. Box 313
Singers Glen, Va. 22850



Please indicate your preference.

_____ Monday/Wednesday Mornings - 4 year old class
(8:30 a.m. - 11:30 a.m.) \$85.00 per month

_____ Tuesday/Thursday afternoons -3 & 4 year old combination
(12:00 p.m. - 3:00 p.m.) \$85.00 per month

_____ Tuesday/Thursday mornings - 3 year old class
(8:30 a.m.-11:00 a.m.) \$75.00 per month

***Due to enrollment numbers there might be an adjustment to classes.**

How did you hear about us? _____

The first day of school will be _____