



REGISTRATION FORM 2025-2026

1000 Moseley Rd. – Fairport, NY
 (585) 223-9653 * RCPfairport@gmail.com
 risenchrist-preschool.com

FOR OFFICE USE ONLY

DATE/TIME RECEIVED	
CLASS	

Child's Name: _____ Date of Birth: _____ Gender: M F
 Street Address: _____ City, Zip Code: _____
 Church Affiliation: _____

PARENT/GUARDIAN INFORMATION:

Mother/Guardian's Name:		
Address (if different from child)		
Email address:		
Place of Business/Occupation		
Phone Number	Cell:	Work:

Father/Guardian's Name:		
Address (if different from child)		
Email address:		
Place of Business/Occupation		
Phone Number	Cell:	Work:

Child's Physician: _____ Physician's Phone: _____
 Date of Child's Last Physical: _____ Hospital Preferred in Case of Emergency: _____
 Insurance Carrier: _____ Policy Number: _____
 Primary Policy Holder: _____

EMERGENCY CONTACT (other than parent/guardian) – These contacts also have permission to pick up.

Name: _____ Relationship to Child: _____ Phone: _____
 Name: _____ Relationship to Child: _____ Phone: _____

PERSONS AUTHORIZED TO PICK UP (other than parent/guardian) - Must show Photo ID.

Name: _____ Relationship to Child: _____ Phone: _____
 Name: _____ Relationship to Child: _____ Phone: _____

PLEASE INDICATE ALL MEMBERS OF YOUR HOUSEHOLD BELOW:

NAME	RELATIONSHIP TO CHILD	AGES (of children)

Has your child attended preschool before? YES NO If yes, when and where? _____

Does your child have a disability or impairment? (If so, please indicate disability or impairment as well as provider's name and phone number.) _____

Please list any allergies. _____

What talents, hobbies, and activities does your child enjoy? _____

Please list any fears or phobias your child may have. _____

Please write below any further information you believe would be helpful for us to know in working with your child (i.e., behavioral plans, potty training concerns, techniques that work for you when your child is sad, mad or frustrated).

PLACE A CHECK IN THE BOX FOR THE OPTION YOU ARE INTERESTED IN REGISTERING FOR:

PROGRAM	AGE	✓ MARK THE OPTION YOU ARE INTERESTED IN.	TUITION RATE MONTHLY/ANNUALLY*
2s	MUST TURN TWO BY DECEMBER 1, 2025.	<input type="checkbox"/> Tuesday/Thursday 9:15 – 11:15 AM	\$210/\$1800*
3s	MUST TURN THREE BY DECEMBER 1, 2025.	<input type="checkbox"/> Tuesday/Thursday 9:00 – 11:30 AM <input type="checkbox"/> Monday, Wednesday, Friday 9:00 – 11:30 AM	\$210/\$1800* \$250/\$2160*
4s	MUST TURN FOUR BY DECEMBER 1, 2025.	<input type="checkbox"/> Monday, Wednesday, Friday 9:00 -11:30 AM <input type="checkbox"/> Monday – Friday 9:00 – 11:30 AM	\$250/\$2160* \$360/\$3150*
4/5 Kindergarten Bridge	MUST TURN FIVE BY DECEMBER 1, 2025.	<input type="checkbox"/> Monday – Friday 9:15 – 11:30 AM <input type="checkbox"/> Monday 9:15 – 11:30 AM Tuesday – Friday 9:15 AM– 1 PM	\$330/\$2880* \$490/\$4320*

* The annual tuition cost noted includes the \$90 discount given when paying for the year in advance.

If you are registering for a 4s class, do you also plan to enter your child's name into the lottery for Universal Pre-Kindergarten (UPK) in Fairport or another district? Please circle: YES NO UNDECIDED

Medical Agreement:

I, the undersigned, hereby enroll my child in the Risen Christ Preschool Program. It is understood that Risen Christ Preschool will assume responsibility for my child's well-being during the hours of care and will make every effort to contact me should any type of emergency arise. In the event I cannot be reached, I authorize Risen Christ Preschool staff to act on my behalf, according to their best judgment, in an emergency requiring medical care. I further understand that I am responsible for the cost of all medical care. I have provided the staff with all pertinent information which may assist Risen Christ Preschool in caring for my child including, but not limited to: allergies, previous or existing illness or conditions, sunburn sensitivity, diet requirements, long-term medications, disability or limiting conditions, emotional, developmental or behavioral difficulties. Please notify the Preschool Director of any changes that may occur.

Health Information:

Parents are required to submit each child's immunization record and their updated physical form prior to the start of the school year.

Photo Consent:

I give my consent for any photographs or video of my child to be used on the Risen Christ Preschool Facebook page, at Risen Christ (end-of-year slideshow) or in emails (to preschool families). I understand that my permission will be sought if my child's photo is to be utilized in promotional materials such as brochures, newspaper releases or on Risen Christ Preschool's website. I will not be reimbursed for such photographs.

Preschool Handbook:

I have reviewed the Preschool Handbook and understand Risen Christ Preschool's policies. I agree to inform Risen Christ Preschool, in writing, of any changes in my child's enrollment, or changes in family history, address, phone numbers, emergency contacts, etc. If I need a hard copy of the handbook, I will procure one from the Preschool Director.

I understand that this contract is viable for the school year of 2025-2026 and that if I wish to enroll my child in the Risen Christ Preschool Program for the following year, I must complete an application for that specific year.

Payment Information:

A \$100 non-refundable registration fee is due upon registration.

My signature acknowledges my understanding of and agreement to all the above.

Child's Name _____

Signature of Parent/Guardian _____ Date _____