

# GILLAM-GRANT PRESCHOOL+

2019-20 REGISTRATION

Information Record / Contract

Which program are you registering for?

4 year old

3 year old

Child's First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Phone Number (Student should learn): \_\_\_\_\_ Birthdate: \_\_\_\_\_  Male  Female

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

**MOTHER / LEGAL GUARGIAN INFORMATION:** In case of Emergency Contact:  1st  2nd  Other

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

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**FATHER / LEGAL GUARGIAN INFORMATION:** In case of Emergency Contact:  1st  2nd  Other

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

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## OTHER CHILDREN LIVING AT RESIDENCE:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

## EMERGENCY INFORMATION

In the event that we are unable to reach the Mother/Father/Legal Guardian listed on the front of this page, please list the person(s) that should be contacted next. If you marked Other on the front of this page please list the person here.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**CHILD RELEASE FORM - Do not list parent/guardian name(s) here unless special circumstances apply.**

	CONTACT NAME	RELATIONSHIP	PHONE NUMBER
1			
2			
3			
4			

Child's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Hospital: \_\_\_\_\_

Does your child have any physical or emotional concerns we should know about?

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Previous group experience:  Yes  No PT \_\_\_\_\_ OT \_\_\_\_\_ Speech \_\_\_\_\_

Is there anything you can tell us about your child to help us deal more effectively with him/her in the classroom?

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**\*\*PROOF OF IMMUNIZATIONS IS REQUIRED FOR ATTENDANCE IN THIS PROGRAM\*\***

Please attach with this packet when completed and hand into the Office.

**FINANCIAL AGREEMENT**

**MORNING Gillam-Grant Pre-School+** 9:00 AM \$210/month

**Only if GGCC Requirements met:**

AFTERNOON Gillam-Grant Pre-School+ 12:30 PM \$210/month

(Only available if AM class is filled and PM total registrations meet minimum required.)

FULL DAY Gillam-Grant Pre-School+ 9:00 AM - 3:20 PM \$400/month

(Only available if PM session meets requirements.)

**MORNING Gillam-Grant Early Pre-School** 9:30 AM \$150/Month

Gillam-Grant Kid Zone Before & After School Care\* Begins at 6:30 AM and again at 3:30 PM

\*See Kid Zone Parent Handbook for additional services offered and multiple children discounts

Please CHECK and INITIAL the below statements to acknowledge that you have read and understood them.

**CHILD RELEASE:** I give Gillam-Grant Pre-School permission to release my child to the people named in the Emergency Information section of this packet (with proper picture identification). I understand that my child may be released from Gillam-Grant Pre-School ONLY to those listed above.

**GENERAL RELEASE:** I give consent for this child to take part in field trips or excursions away from the facility under proper supervision. (Notice will be sent prior to field trips.) I agree that in case of accident or injury, emergency medical care may be given in the event I (or designated persons) cannot be reached. I have provided full information to assist the facility in caring for this child. I agree to pay the 10 month (Pre-K+ or Early Pre-K) program fee for the program this child is enrolled in. The fee is not pre-rate for any reason.

**GENERAL PICTURE/VIDEO RELEASE:** I give permission for my child's pictures and/or videos of my child participating in Gillam-Grant Community Center/Pre-School+/Early Pre-School events and activities to be used to display, promote, and publicize the Gillam-Grant Community Center/Pre-School+/Early Pre-School program. I confirm that I have the right to give permission for my child without restriction or commitment to other parties, and that Gillam-Grant Community Center has no financial commitment or obligation to me as a result of this agreement. I expressly release and indemnify the Gillam-Grant Community Center from any and all claims known and unknowing arising out of or in any way connected to the above granted uses and representations. I have read the foregoing and understand and agree to the terms and stipulations as shown above.

**ADDITIONAL FEES/LATE FEES:** A \$50 non-refundable deposit is due with registration. A \$10.00 late fee will be charged for children that are dropped off or picked up within 15 minutes before or after the program hours. After 15 minutes has elapsed, you will be charged \$10.00 for each 15 minutes or portion of a 15 minute period you are late. Payments should be made at the time of pick-up.

**DAY OF OPERATION:** THE Pre-School+ and Early Pre-School program will operate based on the Byron-Bergen School District Calendar. Additional days of care may be offered for an additional fee when available. For example: superintendent days and some holiday/vacation days.

**PAYMENTS MADE BY OTHER SOURCES:** Payments being made by the Department of Social Services subsidy program will be accepted at the pre-determined fee as noted above. Any fees not paid by the subsidy program are the responsibility of the parent/guardian.

**TRANSPORTATION (Pre-School+ ONLY):** Students attending both the GG Pre-School+ Program and BB UPK programs will be transported by bus provided by the BBCS district.

**BY SIGNING THIS CONTRACT, PARENTS/GUARDIANS AND PROVIDER AGREE TO ABIDE BY THE WRITTEN POLICIES AS STATED ABOVE AND IN THE PARENT HANDBOOK. (Please have both parents sign the contract. We will provide you with a copy of the signed contract for your records.)**

Parent/Guardian Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Provider Name Gillam-Grant Community Center, Inc. Date: \_\_\_\_\_

Provider Representative Signature: \_\_\_\_\_