



Admin Use Only	
Option Reg. For	Staff Initials
Ck #	Amount Paid

2017-18 School Year Registration Form

Child's Legal Last Name	Child's First Name	Date of Birth	M F Gender
Home Street Address		City	State Zip

Allergies/Medical Conditions

Parent/Legal Guardian's Full Name	
Home Phone	Cell Phone # & Carrier
Street Address (If different from Student's)	
City	State Zip Code
E-mail	Work Phone

Parent/Legal Guardian's Full Name	
Home Phone	Cell Phone # & Carrier
Street Address (If different from Student's)	
City	State Zip Code
E-mail	Work Phone

Programs

Please mark preferred option(s)

Infants, Toddlers and 2's

6 weeks-2 year Old Options <i>(Minimum of 2 Day Option)</i>	Circle Preferred Days
2 Days 9:20-12:30 \$257/mo	M T W Th F
3 Days 9:20-12:30 \$292/mo	M T W Th F
5 Days 9:20-12:30 \$328/mo	M T W Th F
Before Care 3 Days \$65/wk	M T W Th F
3 Full Days \$170/wk	M T W Th F
Before Care 5 Days \$85/wk	M T W Th F
5 Full Days \$220/wk	M T W Th F

Preschool Options

Preschool Options 3-5 yrs	Mark Preferred Options (X)
T/TH 9:15-12:30	_____ \$255/mo
MWF 9:15-12:30	_____ \$290/mo
M-F 9:15-12:30	_____ \$325/mo
Jr. K 9:15-2:15 (must be 4 by Oct 31)	_____ \$370/mo

Preschool Extended Day	Mark Preferred Options (X)
3 Days 7am-5pm Full Day	_____ \$150/wk
M-F 7am-5pm Full Day	_____ \$170/wk
Before Care 3 days 7-9:15	_____ \$50/wk
Before Care 5 days 7-9:15	_____ \$65/wk

Kindergarten Options	Mark Preferred Options (X)
KG Class 9:15-3:15	_____ \$475/mo
Before or After Care 3 Days	_____ \$55/wk
Before or After Care M-F	_____ \$65/wk
Before & After Care 3 Days	_____ \$70/wk
Before & After Care M-F	_____ \$90/wk

Emergency Contact Information

Persons to be contacted in case of illness, accident or emergency and authorized to pick-up my child from school if parents are unreachable. (Minimum of 2 required)

1st Contact's Name	Home Phone	Cell Phone	Work Phone
1st Contact's Street Address	City	State & Zip	Relationship to Child
2nd Contact's Name	Home Phone	Cell Phone	Work Phone
2nd Contact's Street Address	City	State & Zip	Relationship to Child
Please provide names of persons you grant permission for us to release your child to.			

If your child attends any other programs or schools concurrently while attending GCLC, please provide the information below.

Name of Other School	Name of Program/Grade/Class Level	Weekly Schedule
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Have you or professionals expressed concerns regarding your child's physical, cognitive or social development? If so, please explain. Please specify if your child is currently or has previously received early intervention services. Please provide a copy of any IEP your child has to help us better meet his/her individual needs. Describe any Learning Disabilities, Diagnosis, Serious Illness, Communicable Diseases, Dietary Restrictions, Medical Conditions, Surgeries, Life Changing Events or Other Information that will help us best meet your child's needs.

Physician's Name and Phone Number _____

PHOTOGRAPHY PERMISSION

From time to time photographs of your child may be taken for educational purposes. I **grant** permission for my child, to be photographed for classroom purpose and in-house activities as specified above. This permission is applicable for current, as well as, future project use. _____(initials)

PERMISSION TO SEEK EMERGENCY MEDICAL PERMISSION

In the event of an illness or accident requiring immediate care I give permission for the staff of Grace Children's Learning Center to authorize such treatment. I will not hold the center or medical personnel responsible. _____(initials)

I received a Parent Handbook and agree to abide by the policies. I agree to honor this enrollment as described.

Date	Parent/Legal Guardian's Signature
1/3/2017	Susan Bardwell PhD
Date	Director's Signature

-----*To be completed by GCLC Staff only*-----

BIRTH CERTIFICATE # _____ **ISSUE DATE** _____ **INITIAL** _____

1. Please use the following name for my child when teaching name recognition, writing, etc. (This is the name we will post in the classroom for your child.) Please include first and last names.

2. Email(s): Please specify who the email belongs to. All emails listed will receive copies of class and school-wide communication. ****Please do not put an email on if the recipient does not wish to receive the information. ****

3. Tell us about your child's personality. Help us understand how they socialize with peers and adults.

4. What special interests, strengths and talents (sports, music, building, art, etc.) does your child have?

5. Tell us about your child's weaknesses/fears: Where can we help your child grow the most this year?

6. What Languages are spoken in the home? If English is not your child's primary language, is she/he able to express his/her needs in English?

7. How does your child deal with challenging and frustrating situations?

8. How does your child typically respond to redirection and authority figures?

9. How does your child deal with separation from family members?

10. What is your child's typical attention span in structured activities?

11. What is your child's typical attention span in free- play?

12. Is your child potty-trained? If no please explain where they are in the process. _____



13. Please explain in detail any concerns you or a professional have regarding your child's physical, cognitive or social development. Include if your child is currently or has previously received early intervention services. Provide a copy of any IEP your child has to help us better meet his/her individual needs. Describe any learning disabilities, diagnosis, serious and chronic illnesses, dietary restrictions, medical conditions, surgeries, life changing events or other information that will improve the support we provide to your child and family.

14. Describe previous school or group experiences your child has had.

15. List all siblings, family members, friends or others who live in the home with your child.

Name and Relationship

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16. Please share any other concerns, questions or comments you may have. _____

