



<b>Child's Legal Last Name</b>	<b>Child's First Name</b>	<b>Date of Birth</b>	<b>Name to be used in Class</b>
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<b>Home Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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**Allergies/Medical Conditions**

**Child's Gender    M    F**

<b>Parent/Legal Guardian's Full Name</b>		
<b>Home Phone</b>	<b>Work Phone</b>	
<b>Street Address (If different from Student's)</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>E-mail</b>	<b>Cell Phone</b>	
Please mark your cell phone carrier:		
<input type="checkbox"/> AT&T	<input type="checkbox"/> Verizon	<input type="checkbox"/> Sprint
<input type="checkbox"/> TMobile	<input type="checkbox"/> Bell Mobile	<input type="checkbox"/> Cellular 1
<input type="text"/> Other (Please Specify)		

<b>Parent/Legal Guardian's Full Name</b>		
<b>Home Phone</b>	<b>Work Phone</b>	
<b>Street Address (If different from Student's)</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>E-mail</b>	<b>Cell Phone</b>	
Please mark your cell phone carrier:		
<input type="checkbox"/> AT&T	<input type="checkbox"/> Verizon	<input type="checkbox"/> Sprint
<input type="checkbox"/> TMobile	<input type="checkbox"/> Bell Mobile	<input type="checkbox"/> Cellular 1
<input type="text"/> Other (Please Specify)		

**Infants, Toddlers and 2's**

<b>6 weeks-2 year Old Options</b> <i>(Minimum of 2 Day Option)</i>	<b>Circle Preferred Days</b>	
2 Days 9:20-12:30    \$285/mo	M   T   W   Th   F	
3 Days 9:20-12:30    \$315/mo	M   T   W   Th   F	
5 Days 9:20-12:30    \$350/mo	M   T   W   Th   F	
Before Care 3 Days    \$80/wk	M   T   W   Th   F	
3 Full Days            \$195/wk	M   T   W   Th   F	
Before Care 5 Days    \$100/wk	M   T   W   Th   F	
5 Full Days             \$240/wk	M   T   W   Th   F	

<b>Preschool Extended Day</b>	<b>Mark Preferred Options (X)</b>	
3 Days 7am-5pm Full Day	<input type="checkbox"/>	\$170/wk
M-F 7am-5pm Full Day	<input type="checkbox"/>	\$190/wk
Before Care 3 days 7-9:15	<input type="checkbox"/>	\$65/wk
Before Care 5 days 7-9:15	<input type="checkbox"/>	\$80/wk

**Preschool Options**

<b>Preschool Options 3-5 yrs</b>	<b>Mark Preferred Options (X)</b>	
T/TH 9:15-12:30	<input type="checkbox"/>	\$275/mo
MWF 9:15-12:30	<input type="checkbox"/>	\$310/mo
M-F 9:15-12:30	<input type="checkbox"/>	\$345/mo
Jr. K 9:15-2:15 (must be 4 by Oct 31)	<input type="checkbox"/>	\$395/mo

<b>Kindergarten Options</b>	<b>Mark Preferred Options (X)</b>	
KG Class 9:15-3:15	<input type="checkbox"/>	\$485/mo
Before or After Care 3 Days	<input type="checkbox"/>	\$55/wk
Before or After Care M-F	<input type="checkbox"/>	\$75/wk
Before & After Care 3 Days	<input type="checkbox"/>	\$75/wk
Before & After Care M-F	<input type="checkbox"/>	\$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 must be located within 30 min drive)

<b>1st Contact's Name</b>	<b>Home Phone</b>	<b>Cell Phone</b>	<b>Work Phone</b>
<b>1st Contact's Street Address</b>	<b>City</b>	<b>State &amp; Zip</b>	<b>Relationship to Child</b>
<b>2nd Contact's Name</b>	<b>Home Phone</b>	<b>Cell Phone</b>	<b>Work Phone</b>
<b>2nd Contact's Street Address</b>	<b>City</b>	<b>State &amp; Zip</b>	<b>Relationship to Child</b>
Please provide names of others 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
1/29/2019	<i>Susan Bardwell PhD</i>
Date	Director's Signature

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

Birth Certificate State & Registration Number	Issue Date	DOB	Staff Initials
Option Registered For	Payment Method	Registration \$ Paid	

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.

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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. \*\***

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

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

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

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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?

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

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

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

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LEARNING  
IS  
FUN

10. 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.

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

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

Name and Relationship

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13. Please share any other concerns, questions or comments you may have. \_\_\_\_\_

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