



Child's Legal Last Name Child's First Name Middle Name Date of Birth Name to be used in Class

Home Street Address City State Zip

Child's Gender M F

Parent/Legal Guardian Contact Information

Parent/Legal Guardian's Full Name			Social Security Number		
Relationship to Child			Has legal custody? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Home Phone		Cell Phone		Work Phone	
E-mail Address			Employer's Name		
Home Street Address			Work Street Address		
City		State	Zip Code		
City		State	Zip Code		
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="checkbox"/> Other (Please Specify)					

Parent/Legal Guardian Contact Information

Parent/Legal Guardian's Full Name			Social Security Number		
Relationship to Child			Has legal custody? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Phone		Cell Phone		Work Phone	
E-mail Address			Employer's Name		
Home Street Address			Work Street Address		
City		State	Zip Code		
City		State	Zip Code		
E-mail					
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="checkbox"/> Other (Specify)					

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)

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 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
----------------------	-----------------------------------	-----------------

Medical and Developmental Information

Physician's Name _____ **Physician's Phone Number** _____

Dentist's Name _____ **Dentist's Phone Number** _____

Allergies/Medical Conditions: _____

Food Sensitivities: _____

Dietary Restrictions for Medical, Personal, or Religious Reasons: _____

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, Serious Illness, Communicable Diseases, Medical Conditions, Surgeries, Life Changing Events or Other Information that will help us best meet your child's needs.

HOLD HARMLESS

I, _____

(please print full legal names), the parents/guardians of _____ (please print child's full legal name) agree to release and hold harmless Grace Children's Learning Center and its employees, from any accident or harm that may occur should I retain the services of any Grace Children's Learning Center employee for the care of my child(ren) outside the child care center. If I retain the services of any Grace Children's Learning Center employee in such capacity, Grace Children's Learning Center has no responsibility and is held harmless from any incident which may occur.

Signature of Parent/Legal Guardian Date

Signature of Parent/Legal Guardian Date

FINANCIAL AGREEMENT

I agree to pay my weekly tuition no later than Monday of the current week. If I have not paid by Wednesday of the current week, I understand that I will be charged a \$20 late fee. I agree to pay my monthly child's tuition by the 15th of the prior month. If I do not pay by the 20th of the prior month, I understand that I will be charged a late fee of \$25. I also understand that if I do not pick-up my child by the center's closing time, I will incur a late pick-up charge. I also agree to pay all costs and expenses including, without limitation, court costs, reasonable attorney fees and reasonable collection agency fees incurred by Grace Children's Learning Center in connection with the collection of tuition and the enforcement of this agreement.

I understand that Grace Children's Learning Center and its authorized agents will use any personal contact information (home, work, cell and addresses provided by us on this document in an attempt to collect any outstanding balance on the account.

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date

SCHOOL POLICIES

1. I understand that my child must not be left on school grounds without supervision. I agree to walk my child into the school each morning and release my child to a teacher before leaving my child. If I am arriving during carpool, I understand I will remain in the driver's seat and permit the teachers to remove my child from the vehicle. I will have my child dressed with shoes and coat so he/she is ready to exit the vehicle.
2. I understand that all required forms must be completed and on file at the center before my child may attend.
3. I understand that no child may be released to anyone except parents/guardians without written permission. I understand that Grace Children's Learning Center will release children to either parent unless legal paperwork stating otherwise is provided to the Director. I agree to give to the center a list of all persons authorized to pick up my child.
4. I understand that no medication will be administered without written permission from parents.
5. I agree to support and reinforce the school's rules and procedures that concern the health and safety of my child and other children, as well as, the staff.
6. I understand that the Director will notify me whenever my child becomes ill and I agree to pick up my child or make arrangements to have my child picked up by an authorized individual within one hour of notification.
7. I understand that my child cannot attend school if he/she has any illness that threatens the health of other children. I understand that Health Department regulations concerning periods of infection will be enforced. I understand that my child must be fever, vomit free, diarrhea free and symptom free for 24 hours before returning to school after an illness. I also understand that prescription medication must be administered to my child at home for 24 hours before he or she can return to school.
8. I understand that I am required to inform the center within 24 hours or the next business day if my child or any member of my immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
9. I understand that childcare services may be terminated for any of the following reasons: • My child's tuition account becomes more than two weeks in arrears. • Failure to respond in a timely manner when contacted by the center to pick-up my child when he or she is sick. • Failure to adhere to the 24-hour illness recuperation period. • Failure to provide the center with up-to-date emergency contact information for my child. • My child's behavior threatens his or her own health and safety or threatens the health and safety of other children and staff. • My child wanders, runs away from or otherwise leaves his/her designated classroom or safe area.

PHOTOGRAPHY PERMISSION

From time to time photographs of your child may be taken for educational and classroom 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. These photographs will not be used in any social media, websites or other use by GCLC _____(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. I have read the policies in the Parent Handbook and understand their application to me and my child.

Signature of Parent/Guardian

Date

Susan Bardwell

Director's Signature

3/1/2021

Date

Please Clearly Mark Option(s) You Are Registering For

Infants, Toddlers and 2's Options

6 weeks-2 year Old Options

(Minimum of 2 Day Option)

2 Days 9:20-12:30 \$305/mo

3 Days 9:20-12:30 \$338/mo

5 Days 9:20-12:30 \$370/mo

Before Care 3 Days \$100/wk

3 Full Days \$220/wk

Before Care 5 Days \$120/wk

5 Full Days \$255/wk

Circle Preferred Days

M T W Th F

M T W Th F

M T W Th F

M T W Th F

M T W Th F

M T W Th F

M T W Th F

**Preschool AM Options
3-5 yrs**

T/TH 9:15-12:30

MWF 9:15-12:30

M-F 9:15-12:30

Jr. K 9:15-2:15 (must be
4 by Oct 31)

Mark Preferred Options

\$300/mo

\$330/mo

\$365/mo

\$420/mo

Preschool Full Day

3 Days 7am-5pm Full Day

M-F 7am-5pm Full Day

Before Care 3 days 7-9:15

Before Care 5 days 7-9:15

**Mark Preferred Options
(X)**

\$200/wk

\$215/wk

\$80/wk

\$100/wk

Kindergarten Options

KG Class 9:15-3:15

Before or After Care 3 Days

Before or After Care M-F

Before & After Care 3 Days

Before & After Care M-F

Mark Preferred Options

\$525/mo

\$80/wk

\$100/wk

\$100/wk

\$120/wk



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

Birth Certificate State & Registration Number

Issue Date

DOB

Staff Initials

Option Registered For

Payment Method

Registration \$ Paid

Date Registration Received

Date Confirmation Sent

Staff Initials