

Grace Children's Learning Center

"A Ministry of Grace United Methodist Church"

9750 Wellington Rd Manassas, VA 20110

703-393-2345 phone

umcgrace.org/glc

GCLC@umcgrace.org

2022-2023 School Year Registration Form

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 Guardians Contact Information

Mother/Legal Guardian's Full Name											
Relationship to Child					Has legal custody? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Home Phone		Cell Phone		Work Phone							
Email Address			Employer's Name								
Home Street Address			Work Street Address								
City		State	Zip Code		City	State	Zip Code				
Please mark your cell phone carrier:											
___ AT&T		___ Verizon		___ Sprint		___ TMobile		___ Bell Mobile		___ Cellular 1	
___ Other (Please Specify)											

Father/Legal Guardian's Full Name											
Relationship to Child					Has legal custody? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Home Phone		Cell Phone		Work Phone							
Email Address			Employer's Name								
Home Street Address			Work Street Address								
City		State	Zip Code		City	State	Zip Code				
Please mark your cell phone carrier:											
___ AT&T		___ Verizon		___ Sprint		___ TMobile		___ Bell Mobile		___ Cellular 1	
___ Other (Please Specify)											

HOLD HARMLESS

I/we, _____ (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

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)

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 \$25 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.

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date

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)

PARENT HANDBOOK

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 _____

Rachel Demharter

01/31/22

Director's Signature

Date

Please Clearly Mark Option(s) You Are Registering For

Infants, Toddlers and 2's Options			
2 Days 9:15-12:30	M T W TH F		\$345/mo
3 Days 9:15- 12:30	M T W TH F		\$378/mo
5 Days 9:15-12:30	_____		\$410/mo
Before Care 3 Days (+monthly rate)	M T W TH F		\$100/wk
3 Full Days	M T W TH F		\$230/wk
Before Care 5 Days (+monthly rate)	_____		\$120/wk
5 Full Days	_____		\$265/wk

Preschool AM Options 3-5 years old	
T/Th 9:15-12:30 _____	\$340/mo
MWF 9:15-12:30 _____	\$370/mo
5 days 9:15-12:30 _____	\$405/mo
Jr. K 9:15- 2:15 _____ (must be 4 by Oct 31)	\$460/mo

Kindergarten Options (Must be 5 by September 30)	
Kindergarten 9:15 - 3:15 _____	\$565/mo
All below rates are in addition to monthly tuition rates	
Before OR After care 3 days M T W TH F	\$80/wk
Before OR After care 5 days _____	\$100/wk
Before AND After care 3 days M T W TH F	\$100/wk
Before AND After care 5 days _____	\$120/wk

Preschool Full Day Options 3-5 Years Old	
3 Full Days 7am-5pm M T W TH F	\$210/wk
5 Full Days 7am-5pm _____	\$225/wk
3 Days Before Care M T W TH F (+monthly fee)	\$80/wk
5 days Before Care _____ (+monthly fee)	\$100/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 _____