



## 2019-2020 Registration

Child's Name: \_\_\_\_\_

*Office Use Only*

Date/Time Received: \_\_\_\_\_

Entered in Database

### Checklist for Registration

Student Registration Form

*Parent Check*

*Office Check*

\_\_\_\_\_

\_\_\_\_\_

Health and Background Information

\_\_\_\_\_

\_\_\_\_\_

Field Trip Permission

\_\_\_\_\_

\_\_\_\_\_

Tuition Agreement

\_\_\_\_\_

\_\_\_\_\_

Withdrawal Agreement

\_\_\_\_\_

\_\_\_\_\_

Medical Release Agreements

\_\_\_\_\_

\_\_\_\_\_

Media Agreement

\_\_\_\_\_

\_\_\_\_\_

Handbook Agreement

\_\_\_\_\_

\_\_\_\_\_

Identity Verification (Birth Certificate)

\_\_\_\_\_

\_\_\_\_\_

*\*\* new students only*

Immunization Record

\_\_\_\_\_

\_\_\_\_\_

Registration Fee

\_\_\_\_\_

\_\_\_\_\_

**\*\*I understand that the registration fee is nonrefundable. Initial here: \_\_\_\_\_**

### Contact Information:

Father's name \_\_\_\_\_

Mother's name \_\_\_\_\_

Best Contact Number \_\_\_\_\_

Best Contact Number \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

### Enrolling for:

Kindergarten: 5 day \_\_\_\_\_

PreK5's: 5 day \_\_\_\_\_

PreK4's: 5 day \_\_\_\_\_ 3 day \_\_\_\_\_

PreK3's: 3 day \_\_\_\_\_ 2 day \_\_\_\_\_

PreK2's: Circle Preference      MW      TTh      Friday

Child's Name: \_\_\_\_\_



**Great Bridge Presbyterian Preschool  
Registration Form  
2019-2020**

**Child's Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Age by September 30<sup>th</sup>:** \_\_\_\_\_

Child lives with (check one) \_\_\_ Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other (please specify) \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_

**Full Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_

**Full Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Siblings and their ages:** \_\_\_\_\_

**Other members of the household:** \_\_\_\_\_

**Are there custody arrangements? If so, please specify.** \_\_\_\_\_

**Church Affiliation:** \_\_\_\_\_

Please indicate persons who you would like us to notify in the case of an emergency (after attempting to contact parents). Also indicate persons who you authorize to pick up your child from school.

Name of Contact:	Relationship:	Phone Number:	Emergency Contact (Yes or No)	Authorized for pick up (yes or no)
1.				
2.				
3.				
4.				

Child's Name: \_\_\_\_\_

**Health and Background Information:**

Does your child have any known allergies?            YES    NO

Please describe any allergies the school should be aware of, including foods that should be avoided:

\_\_\_\_\_

Does your child take any regular medications?        YES    NO

If so, please list: \_\_\_\_\_

Are there any problems with vision or hearing?            YES    NO

If so, please describe: \_\_\_\_\_

Has your child ever received or been recommended for Early Intervention, Occupational Therapy, Speech Therapy or other services?        YES    NO

If so, please describe: \_\_\_\_\_

Does your child have any other physical, developmental or emotional needs that the school should be aware of?

YES    NO

If so, please describe them here:

\_\_\_\_\_  
\_\_\_\_\_

Is any language other than English used in the home?    YES    NO

If so, please describe: \_\_\_\_\_

Is your child toilet trained?            YES    NO

Please describe assistance needed or special words used: \_\_\_\_\_

Has your child been cared for by anyone besides the family? If so, please describe.

\_\_\_\_\_  
\_\_\_\_\_

Preschool attended last year: \_\_\_\_\_ Class: \_\_\_\_\_

What does your child enjoy? What makes them happy?

\_\_\_\_\_  
\_\_\_\_\_

What makes your child upset/angry? How does your child show those feelings?

\_\_\_\_\_  
\_\_\_\_\_

Please describe your child's personality:

\_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_

### Field Trip Permission

I understand the Preschool will take occasional field trips during the coming year and I will be notified in advance of the date, time, and place on each occasion. If I am unable to drive my child, I will arrange for another parent to transport him/her. I will be responsible for the installation of a car seat for my child in the driver's car. I agree that Great Bridge Presbyterian Preschool will not be held responsible in case of an accident.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Tuition Policy

Having been advised of the monthly tuition assessed for my child to attend Great Bridge Presbyterian Preschool, I hereby accept the financial responsibility and agree to deliver the tuition to GBPP by the 5<sup>th</sup> of each month using FACTS Tuition Management Program. I acknowledge that my tuition will be \_\_\_\_\_ per month, and that I DO DO NOT (circle one) receive the sibling discount of \$5/month for the second child.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Withdrawal Policy

In the event that I withdraw my child from the Preschool, I agree to provide the Director of the Preschool with written notice thirty (30) days prior to the date on which I plan to withdraw my child and agree that I am responsible for payment of a full month's tuition for the month in which my child withdraws (regardless of the number of days attended during the month.) I hereby agree that in the event I fail to provide written notice thirty (30) days prior to the date on which I plan to withdraw my child, I am responsible for payment of a full month's tuition for the month in which my child withdraws (regardless of the number of days attended during the month) and for payment of an additional one month's tuition.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Medical Release Agreements

1. The Preschool agrees to notify parent(s)/Guardian(s) whenever the child becomes ill. Should I be notified, I will arrange to have the child picked up as soon as possible if so requested by the Preschool.
2. I hereby authorize Great Bridge Presbyterian Preschool to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. Furthermore, I acknowledge my financial responsibility for any treatment rendered in such an emergency.

Child's Name: \_\_\_\_\_

3. I hereby agree to inform the Preschool within 24 hours or the next business day after the child/student or any member of the immediate family has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening disease which must be reported immediately.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **Media Agreement**

I  DO  DO NOT (circle one) give permission for Great Bridge Presbyterian Preschool to use my child's picture, with no identifying information, on our website and social media.

I  DO  DO NOT (circle one) give permission for Great Bridge Presbyterian Preschool teachers to use my child's picture in the classroom for artwork or other classroom activities. I understand that these pictures may be on display in the classroom or hallways.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### **Handbook Agreement**

I understand that the Great Bridge Presbyterian Preschool handbook is available online and that I will receive a hard copy on the first day of school. I will review and abide by the policies set forth in that handbook.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_