



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

*Office Use Only*

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

Initials of Staff \_\_\_\_\_ Entered in Database

## 2020-2021 Registration

### Checklist for Registration

|   | <i>Parent Check</i> | <i>Office Check</i>  |
|---|---------------------|--|
| Student Registration Form (pg1)   | _____               | _____  |
| Health and Background Information (pg 2)  | _____               | _____  |
| Field Trip Permission (pg 3)  | _____               | _____  |
| Tuition Agreement (pg 3)  | _____               | _____  |
| Withdrawal Agreement (pg 3)   | _____               | _____  |
| Medical Release Agreements (pg 4)   | _____               | _____  |
| Media Agreement (pg 4)  | _____               | _____  |
| Handbook Agreement (pg 4)   | _____               | _____  |
| Identity Verification (Birth Certificate)<br><i>* new students only</i>                             | _____               | _____  |
| Virginia School Health Entrance Form<br><i>*You may obtain this from your pediatrician's office</i> | _____               | _____  |
| Registration Fee  | _____               | _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash<br><input type="checkbox"/> Credit Card |

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

**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



## Great Bridge Presbyterian Preschool Registration Form

**Child's Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
**Birthdate:** \_\_\_\_\_ **Age by September 30<sup>th</sup>:** \_\_\_\_\_  
**Child lives with (check one) \_\_\_ Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other (please specify) \_\_\_\_\_**  
**Are there custody arrangements? If so, please specify.** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
**Full Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**Zip Code:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
**Cell phone:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_  
**Work phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_  
**Full Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**Zip Code:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
**Cell phone:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_  
**Work phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

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

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

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.               |               |               |                               |                                    |



### **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.
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 Agreements

I  DO  DO NOT (circle one) give permission for the staff at 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: \_\_\_\_\_

I understand that the staff at Great Bridge Presbyterian Preschool will be sharing photos on a private communication app that will only be shared with other parents in my child's class.

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

I understand that Great Bridge Presbyterian Preschool is not responsible for any photos taken by non-GBPP staff members during school parties, field trips, and other school/GBPC related events. I understand that a separate church social media policy applies to all church events.

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: \_\_\_\_\_