

## Registration Form 2022–2023

**\*\* ENROLLMENT FEES ARE NONREFUNDABLE \*\***

Student Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age for 2022–2023 School Year: \_\_\_\_\_ Circle one: Male or Female

Student Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
 Home Address: (if same, leave blank) \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
 Home Address: (if same, leave blank) \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work #: \_\_\_\_\_

Siblings Name and Ages: \_\_\_\_\_

Family Church Preference: \_\_\_\_\_

**Student Allergies:** List any medical conditions that your child may have, such as allergies, existing illness, previous serious illness, injuries, and hospitalization, during the past 12 months, dietary restrictions any medication prescribed for long-term continued use and any other information caregivers should be aware of: \_\_\_\_\_

**Dietary Restrictions:** \_\_\_\_\_

Food Allergy: YES or NO If so, what? \_\_\_\_\_

Allergy severity : (circle one that applies, provide more information if needed):    Mild    Moderate    Severe

**\*\* Action Plan required by physician if EPI Pen or medicine is needed to be administered by staff members. \*\***

Circle Class Preference: (must be age of the class by September 1, 2022)

<u>All Programs</u>	<u>2 Year Old Class</u>	<u>3 Year old Class</u>	<u>Pre-K (4 &amp; 5 year old Class )</u>
9:00 am–1:50 pm	2 days: Tues/Thur	2 days: Tues/Thur	2 days: Tues/Thur
9:00 am–1:50 pm	3 days: Tues/Wed/Thur	3 days: Tues/Wed/Thur	3 days: Tues/Wed/Thur

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OFFICE USE ONLY    FIRST DAY ATTENDED: \_\_\_\_\_    WITHDRAWL DATE: \_\_\_\_\_

AGE: \_\_\_\_\_    CLASSROOM: \_\_\_\_\_    TEACHER: \_\_\_\_\_    MONTHLY TUITION: \_\_\_\_\_

REGISTRATION PAID: CHECK # \_\_\_\_\_    CASH \_\_\_\_\_    CREDIT CARD \_\_\_\_\_    AMOUNT PAID: \_\_\_\_\_    DATE PAID: \_\_\_\_\_

# Registration Form Part 2

## Parent Email Information

Teachers and office staff will send weekly/monthly newsletters and/or calendars through email.

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

Mother's Name: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

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



I acknowledge receipt of Gateway Preschool Academy's Handbook including the policy and procedures in addition to those for discipline, guidance and I/we agree to comply with said policies stated in the GPA Handbook. Please initial stating you have read and agree to all policy and procedures.

I understand that the following meals will be served to my child while in care: (Please initial box)

Snack and Lunch \*

**\*Lunch provided daily by parents**

Referred to GPA by: (List person's name): \_\_\_\_\_

## CHECK ALL THAT APPLY:

WATER/OUTDOOR ACTIVITIES: I hereby  give  do not give—my consent for my child to participate in water activities  
 Sprinkler Play       Splashing/Wading Pools       Water Table Play

INDOOR OBSTACLE: I hereby  give  do not give -my consent for my child to participate in the indoor obstacle course and inflatables

## Student Photograph/Video Release

I release GPA for the following:

To use photos of my child in school video presentation: Signature: \_\_\_\_\_

To use photos of my child in social media such as the GPA Facebook page or website:

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

*\*\*No child's name or any other personal information will be used in any advertising\*\**

## Parent Email Release

Student name and parent email will be distributed to the room parent to send information about class parties and events.

I hereby:  give  do not give - my consent to be included in the email distribution.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Emergency Contact Form

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

## EMERGENCY CONTACT FORM: (Local Contacts Only)

*\*In case of an emergency, GPA will call parents first and then go down the list you provide below. Names other than parents listed below.*

1. Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*The address must be included. GPA will need at least ONE Emergency Contact.*

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:** In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to the appropriate hospital emergency room to secure all necessary emergency medical care for my child.

I give consent for the facility to secure any and all necessary emergency medical care for my child:

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Child's Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Please list any and all allergies or important medical information an emergency room, hospital or medical professional would need to know in order to care for your child:

# Student Pick Up List

2022–2023

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

Only the following person(s) have authorization to pick up my child from Gateway Preschool Academy. Any changes to the list need to be made in person through the GPA office. Person(s), other than parents, must be able to present a driver's license upon pick up.

Name:	Relation To Child:	Phone #
(Mother)	Mother	
(Father)	Father	
(other)		
(other)		
(other)		

_____	
Parent/Guardian Signature	Date

## Physician's Release Form

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

Healthcare Professional Statement:

I have examined the above named child within the past year and find that he/she is able to take part in the day care/school program. Please attach an updated immunization form or state exemption or exception form.

\_\_\_\_\_  
Healthcare Professional's Signature

\_\_\_\_\_  
Date

Name, Address and Phone Number of Health Care Professional (Physician stamp preferred):

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

\*State Licensing requires all students 4-5 years old to have an annual hearing & vision screening and for the results to be on file at GPA. Please submit hearing & vision screening results with this form if applicable.



**Gateway Preschool Academy Financial Agreement 2022–2023**

This agreement states the financial responsibility of the parent or guardian for the GPA school year 2022 2023. There are 9 monthly tuition installment payments. It is the policy of GPA that all monthly tuition payments will be due the 15th of the month regardless of the day of the week the date falls on. It is vital to the financial success of our program that tuition be paid on time. Please read the following carefully and sign the document stating you are in full compliance and agreement with the financial statement.

- I understand enrollment fees are nonrefundable.
- Tuition rates are determined by days selected at the time of registration.
  - Payment Schedule: August 15th, September 15th, October 15th, November 15th, December 15th, January 15th, February 15th, March 15th, April 15th
- I understand if the payment is not paid in full then a **\$25.00 late fee per week** that tuition is late will apply.
- I understand any account that is delinquent past 30 days will require withdrawal from the program until payments are made.
- I will communicate with the Director if there are extenuating circumstances with regards to tuition payments. The Director has the right to accept or deny the request, but will work with families as much as possible.
- A \$35.00 fee will be assessed for any insufficient fund checks. After 2 returned checks, the account will be asked to pay in cash.
- I understand that a **30-day written notice** is required to unenroll a child from the program. If a 30-day notice is not given you will be responsible for the next month’s payment. This allows GPA to fill the spot in a timely manner without financial burden.
- I understand the Director **will send ONE reminder** that tuition payments are due in the monthly newsletter. It will then be the responsibility of the parent or guardian to make the payment on time.
- Methods of payments include: checks, online payments and cash.
- **To make online payments, a one time \$50 convenience fee will be collected at the time of registration**
- I will be paying by \_\_\_\_\_ check/cash  
 \_\_\_\_\_ credit card/debit card/ACH
- End of the year tuition statements will be sent out in January if requested.
- A \$10.00 late fee pick up per child will occur after 2:15 pm and an additional charge of \$2.00 per child per minute. Bad weather, carpool traffic or extenuating circumstances do not apply. Please notify the office immediately if late pick is needed. Payment due at pick up.

Student Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

# Acknowledgement of Student Handbook

I have read the online copy of:

Gateway Preschool Academy  
Student Handbook  
Policies and Procedures  
2022 - 2023

Name \_\_\_\_\_ Date \_\_\_\_\_