

GILLAM-GRANT PRESCHOOL+

2024-25 REGISTRATION Information Record/Contract

Which program are you registering for?

4 year old

3 year old

Child's First Name: _____ Middle: _____ Last: _____

Address: _____ City/Zip: _____

Phone Number (Student should learn): _____ Birthdate: _____ Male Female

Is student attending Byron-Bergen UPK Program? Yes No

MOTHER / LEGAL GUARGIAN INFORMATION: In case of Emergency Contact: 1st 2nd Other

Name: _____

Address: _____ City/Zip _____

Cell Phone: _____ Home Phone: _____

Employer: _____ Work Phone: _____

E-Mail Address: _____

FATHER / LEGAL GUARGIAN INFORMATION: In case of Emergency Contact: 1st 2nd Other

Name: _____

Address: _____ City/Zip _____

Cell Phone: _____ Home Phone: _____

Employer: _____ Work Phone: _____

E-Mail Address: _____

OTHER CHILDREN LIVING AT RESIDENCE:

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

EMERGENCY INFORMATION

In the event that we are unable to reach the Mother/Father/Legal Guardian listed on the front of this page, please list the person(s) that should be contacted next. If you marked Other on the front of this page please list the person here.

Name: _____ Relationship: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

CHILD RELEASE FORM - Do not list parent/guardian name(s) here unless special circumstances apply.

	CONTACT NAME	RELATIONSHIP	PHONE NUMBER
1			
2			
3			
4			

Child's Doctor: _____ **Phone Number:** _____ **Hospital:** _____

Does your child have any physical or emotional concerns we should know about?

Previous group experience: Yes No PT _____ OT _____ Speech _____

Allergies: _____ Medications: _____

Is there anything you can tell us about your child to help us deal more effectively with him/her in the classroom?

****PROOF OF IMMUNIZATIONS IS REQUIRED FOR ATTENDANCE IN THIS PROGRAM****

Please attach to this packet when completed. Mail or deliver registration to the GG main office.

2024-25 FINANCIAL AGREEMENT

MORNING Gillam-Grant Pre-School+	9:00 AM - Noon (5 Days/week)	\$255/month*
MORNING Gillam-Grant Early Pre-School	9:30 AM - 11:45 AM (3 Days/week)	\$175/month*

The annual fee for Pre-School+ is \$2,550.00 for the months of September thru June. The annual fee for Early Pre-School is \$1,575.00 for the months of September thru May. This fee is broken down into convenient monthly payments. The last month's payment is divided between your first two billings as a non-refundable deposit. You will not receive a bill for the last month of school if all payments are current.

Gillam-Grant Kid Zone Before & After School Care* Begins at 6:30 AM and again at 3:30 PM

**See Kid Zone Parent Handbook for additional services offered and multiple children discounts*

Please CHECK and INITIAL the below statements to acknowledge that you have read and understood them.

CHILD RELEASE: I give Gillam-Grant Pre-School permission to release my child to the people named in the Emergency Information section of this packet (with proper picture identification). I understand that my child may be released from Gillam-Grant Pre-School ONLY to those listed above.

GENERAL RELEASE: I give consent for this child to take part in field trips or excursions away from the facility under proper supervision. (Notice will be sent prior to field trips.) I agree that in case of accident or injury, emergency medical care may be given in the event I (or designated persons) cannot be reached. I have provided full information to assist the facility in caring for this child. I agree to pay the 10 month Pre-K+ or 9 month Early Pre-K fee for the program this child is enrolled in. The fee is not pro-rated for any reason. 30 days notice is required for withdrawal from program.

GENERAL PICTURE/VIDEO RELEASE: I give permission for my child's pictures and/or videos of my child participating in Gillam-Grant Community Center/Pre-School+/Early Pre-School events and activities to be used to display, promote, and publicize the Gillam-Grant Community Center/Pre-School+/Early Pre-School program. I confirm that I have the right to give permission for my child without restriction or commitment to other parties, and that Gillam-Grant Community Center has no financial commitment or obligation to me as a result of this agreement. I expressly release and indemnify the Gillam-Grant Community Center from any and all claims known and unknowing arising out of or in any way connected to the above granted uses and representations. I have read the foregoing and understand and agree to the terms and stipulations as shown above.

ADDITIONAL FEES/LATE FEES: A non-refundable \$50 registration fee is due with registration. A \$10.00 late fee will be charged for children that are dropped off or picked up within 15 minutes before or after the program hours. You will be charged \$10.00 for each 15 minutes or portion of a 15 minute period you are late thereafter. Payments should be made at the time of pick-up.

DAY OF OPERATION: THE Pre-School+ and Early Pre-School program will operate based on the Byron-Bergen School District Calendar. Additional days of care may be offered for an additional fee when available. For example: superintendent days and some holiday/vacation days.

PAYMENTS MADE BY OTHER SOURCES: Payments being made by the Department of Social Services subsidy program will be accepted at the pre-determined fee as noted in the contract. Any fees not paid by the subsidy program are the responsibility of the parent/guardian.

TRANSPORTATION (Pre-School+ ONLY): Students attending both the GG Pre-School+ Program and BB UPK programs will be transported by bus provided by the BBCS District.

BY SIGNING THIS CONTRACT, PARENTS/GUARDIANS AND PROVIDER AGREE TO ABIDE BY THE WRITTEN POLICIES and CHARGES AS STATED ABOVE . (Both parents are required to sign the contract.)

Parent/Guardian Name (Print): _____ Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Name (Print): _____ Date: _____

Parent/Guardian Signature: _____

Provider Name: Gillam-Grant Community Center, Inc. Date: _____

Provider Representative Signature: _____