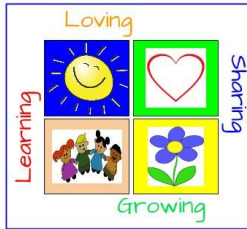


1736 Sever Rd
678-883-5437
Lawrenceville, GA 30043

www.gcckids.org



GCC  **KIDS**
PRESCHOOL

For office use only:

Date received: _____ Registration Fee: _____

Immunization Records: _____

Allergies: _____

Child's Name: _____ Nickname: _____ Sex: M F

Date of Birth : _____ Home Phone: _____ Church Home: _____

Address: _____ City & Zip: _____

Who does child live with? _____ Primary Language: _____

Name and ages of siblings: _____

Mother: _____ Email Address _____

Address: _____ City & Zip _____

Home Phone _____ Cell Phone: _____

Work Address: _____ Work Phone: _____

Father: _____ Email Address: _____

Address: _____ City & Zip: _____

Home Phone: _____ Cell Phone: _____

Work Address: _____ Work Phone: _____

How did you hear about us? ___Facebook ___Yelp ___Postcard Mailer ___Referred By Friend
___Other

Including the mother & father listed above, the following persons may pick up my child:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Medical & Dietary Information

Child's Name: _____

Is your child allergic to any medications? ___yes ___no If yes, what? _____

Is your child allergic to any foods? ___yes ___no If yes, what? _____

Does your child have any known allergies, physical problems, mental disorders, or developmental disabilities which would limit his or her participation in the preschool's programs and activities? ___yes

___no If yes, please list: _____

Child's Primary Source of Healthcare:

Doctor's Name: _____ Phone: _____

Person to contact in case of an emergency when parents cannot be reached:

Name: _____ Phone: _____

First Aid Permission Form

I, (parent, legal guardian)_____give permission for a GCC Kids Preschool staff member to treat (child's name)_____for minor bumps or scrapes with any of the following:

Hydrogen Peroxide
 Calamine Lotion
 Bactine First Aid Spray
 Ice Packs
 Benadryl Spray

Neosporin
 Antibacterial Wipes
 Adhesive Bandage
 Sting Relief Stick

Medical Permission Form:

It is mutually agreed that in the event of an accident or illness of the child while in the care of the GCC Kids Preschool, the GKP shall use its best effort to contact the parent immediately. However, in the event that the parent is not immediately available, the GKP is authorized to secure such care as the situation may reasonably warrant. When the parents cannot be immediately contacted, the GKP will use its best efforts to contact your emergency contact listed above.

Parent's Signature

Date

Insurance Company

Policy or Group Number

Class you are registering child for:

___2's Class-(must be 2 years of age on or before 09/01/18)

___3's Class-(must be 3 years of age on or before 09/01/18)

___4's Class-(must be 4 years of age on or before 09/01/18)

PARENT AGREEMENT

I am enrolling my child, _____ in the ____ year old class.

I am enclosing the \$230.00 registration fee. I understand the the fee is nonrefundable.

I agree to pay the monthly tuition fee of \$230.00 on the first day of school each month from September through May. I understand that there will be a late fee of \$5.00 if paid after the 5th of each month, and an additional \$1.00 per day after the 10th of the month.

I understand that if I must withdraw my child from the program, ONE MONTH'S NOTICE is required and I will be responsible for paying one full month's tuition for any portion of a month in which my child attends.

I understand that if I am late picking up my child, I will be charged a late fee, according to the Parent Handbook.

I also understand and acknowledge that GCC Kids Preschool is exempt from licensing under Georgia Department of Early Care and Learning and that the program is not licensed.

Parent's Signature

Date