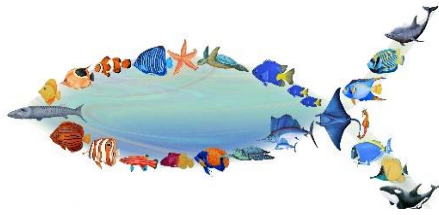


Student Name _____



God's Living Sea
Preschool

**Parent
Registration
Packet
2019/2020**

God's Living Sea
Preschool

Registration Checklist

- Child Registration Form
- Medical Form
- Notarized Affidavit
- Parent/School Agreement
- Behavior & Discipline Guidelines
- Photo Consent Form
- Pizza Order Form
- Sick Policy
- Handbook Acknowledgement
- Copy of Immunization Certificate
- Copy of Insurance Card
- Copy of Driver's License
- Fee's Paid

Reg.	_____	Check/Cash	_____
Supply	_____	Check/Cash	_____
Pizza	_____	Check/Cash	_____

(For office use only)

God's Living Sea
Preschool

Registration Form

I am interested in: Preschool Tues./Thurs. Mon./Wed./Fri. Mon.-Fri.
Extended Care: Full-Time Only Child's Age (09/02/2019) _____
(Circle One)

*****The 4 year Old Pre-K and Infant Classes are only available Mon.- Fri.*****

Child's DOB: _____ M or F Date: _____ Start Date _____

Child's Name: _____ / _____
(Last) (First) (Middle) (Goes By)

Home Address: _____
(Number & Street) (City) (State) (Zip)

Email Address: _____

Additional Email: _____

Mother's Name: _____ Home Phone: _____

Place of Employment: _____ Work Phone: _____

Cell Phone: _____

Father's Name: _____ Work Phone: _____

Place of Employment: _____ Cell Phone: _____

Marital Status: Single Married Separated Divorced

Names & Ages of Siblings (Specify if they live with your child or elsewhere)

Emergency Contacts/Persons Authorized to Pick Up Child:

	<u>Name</u>	<u>Daytime Phone #</u>	<u>Email</u>	<u>Relationship</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

*Please make sure the contacts listed are generally available to pick up your child.

Medical Form

Child's Name _____

Child's Birthday _____

Parent's Names _____

Phone Number's _____

Child's Doctor _____ Phone: _____

Insurance Company _____ Policy Number: _____

**Copies of your insurance card and child's vaccination record are required on file.*

We are a peanut and tree-nut free school! Please do not send any nut products with your child to school.

Does your child have any food allergies? Yes No

Does your child have any other allergies? Yes No

Does your child take any medication daily? Yes No

Does your child have any underlying medical condition? Yes No

*If your answered Yes to any of these questions please provide details below:

*No medication will be given to your child during school hours with the exception of an Epi-Pen or Auvi-Q.

*Please be aware that we do NOT have a licensed nurse on staff.

In the event of an emergency, we will attempt to contact the parents first then the designated emergency contacts. If these contacts cannot be reached, we will call 911 or contact your child's doctor. If deemed necessary by medical personnel, your child will be transported to the closest hospital for treatment. If your child becomes ill at school, but it is not an emergency, he/she will be separated from the other children and the parents will be contacted.

I have read and understand the health/medical policies of God's Living Sea Preschool. If my child is injured, but it is not an emergency, I authorize God's Living Sea to administer first aid treatment to him/her. I understand that I will be notified by written form or a phone call depending on the nature of the injury. Parent Signature _____

I understand that my child's participation in God's Living Sea Preschool program is voluntary. I understand that God's Living Sea Preschool, Jubilee Baptist Church, and it's employees will not be liable for personal injuries that are a result of my child's participation in it's preschool program. Parent Signature _____

*God's Living Sea
Preschool*

Notarized Affidavit

FORM OF AFFIDAVIT FOR PARENTS

STATE OF ALABAMA

COUNTY OF BALDWIN

Before me, a notary public in and for said state and county, appeared _____ and is known to me, after being duly sworn or affirmed says as follows:

That affiant is the parent or legal guarding of the minor child/children _____, that has been notified by Meighan H. Sternberg, a representative of God's Living Sea Preschool, that said church or school has filed notice and is exempt under law from regulation by the department of human resources.

_____ Parent/Legal Guardian sworn,

Or affirmed to and subscribed before me this _____ day of _____, 2018.

_____ Notary Public

My commission expires _____

Parent/School Agreement

Please initial in the blanks.

1. The policy of the preschool is to make **No Refunds** of the Registration, Supply or Pizza Fees.
____ If I choose to cancel my registration or remove my child at any time, I understand **No Fees** will be refunded.
2. The monthly tuition is due on the first school day of each month and must be paid no later than the 10th of EACH MONTH. If a delay is unavoidable, please contact the preschool director.
____ I understand that a Late Fee of **\$10.00** will be charged to my account for **each week** tuition is late.
3. ____ I understand that my account must be kept current. In the event that your account becomes over 30 days past due, you will be required to meet with the Director and Children's Pastor. If a payment arrangement cannot be made, your child will be removed from the program.
4. ____ I understand that monthly tuition will be prorated for the months of August, December and May only.
5. ____ The full month's tuition is due and is payable regardless of the number of days a child is present. I understand that I am paying for my child's space and not the number of days he/she is present.
6. For the safety and security of all students and staff of GLS we reserve the right to dismiss any child whose behavior is seriously disruptive. Disruptive behavior may include but is not limited to:
 - **Physical harming (hitting, kicking, punching, biting, attacking etc...)**
 - **Using inappropriate language**
 - **Using inappropriate gestures**____ If my child is dismissed, I understand **No Tuition** will be refunded.
7. **A 30 day advanced notice must be give to the director if a parent decides to remove their child from any program.**
____ I understand that tuition will not be refunded if I choose to remove my child before the **30 days are up. If you choose to remove your child at the first of a month, that month's tuition is still due.**
8. ____ I will abide by any new policies which are instituted during the school year my child is enrolled in the program.
9. Children must be picked up no later than 1:15 pm.
____ I understand I will be charged a fee of \$10.00 for every 15 minutes after 1:15 pm that I am late picking up my child.
10. ____ I understand that GLS may contact me to pick up my child from school for various reasons. Should you be contacted you must make arrangements to pick-up your child within 30 minutes of contact.

Behavior/Discipline Guidelines

At God's Living Sea, discipline consists of "time away from the group or activity" (a time-out). The use of physical punishment is **not** permitted. Sometimes a child must be removed from his/her classroom to prevent disrupting the class. In this case, the child will be taken to GLS office to take his/her timeout.

In accordance with our church's Safe & Secure Policies, God's Living Sea policies regarding unsafe, aggressive or inappropriate behavior is as follows:

1. Parents will receive a phone call from the teacher or the director to discuss such behavior.
2. Parents will receive a letter describing the behavior and may be asked to come in for a conference.
3. If behavior persists or worsens, the child may be dismissed from the program.
4. The director and the children's pastor will use their discretion if the severity of the child's behavior warrants immediate dismissal.

Every effort will be made to accommodate parents and teachers, as well as the other children involved. The director and the children's pastor reserve the right to ask you to make alternate arrangements for the care of your child.

Biting Policy

Biting is an unacceptable behavior, yet it is common among young children. Children may bite for different reasons: teething, attention, stress, lack of words. You will be notified if your child bites and you may be asked to come pick up your child. A parent conference may be necessary to address the situation. Should biting persist your child may be dismissed from the program.

Parent's Signature _____

God's Living Sea
Preschool

Tuition Rates 2019/2020
Preschool Hours 9 am – 1pm only

1 Yr. Old Preschool

2 Day ~ T/Th	\$225/month
3 Day ~ M/W/F	\$240/month
5 Day ~ M-F	\$265/month

2 & 3 Yr. Old Preschool

2 Day ~ T/Th	\$215/month
3 Day ~ M/W/F	\$230/month
5 Day ~ M-F	\$255/month

4 Yr. Old Preschool

5 Day ~ M-F	\$285/month
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Registration Fee ~ \$200

To be paid when you turn in your Registration Packet.

This fee reserves a spot for your child.

(Non-Refundable)

Supply Fee ~ \$50

To be paid when you turn in your Registration Packet.

(Non-Refundable)

If you have more than one child enrolled in GLS, you will receive a 10% discount off each additional child's registration and tuition.

God's Living Sea
Preschool

Early Drop Off & After School Care

Extended Day Hours & Pricing

(Ages Two to Four)

\$550/month includes monthly tuition

Drop-In Care Rates

Drop-in care must be reserved in advance and will only be available if there is adequate space and staffing.

Drop-in care is only available to children ages two to four.

Drop-in care is only available to currently enrolled students.

Flat rate morning care extended care is \$10.00 per day.

Flat rate afternoon extended care is \$20.00 per day.

Dear Parents,

There will be times that we will be doing projects or have events in our classroom that will require your child's picture to be taken. It will be used only for our classroom wall or for art projects that they bring home. It may also be sent to you or the classroom via email or text message. Please read and sign below.

Thank you,

GLS Staff

I _____ give permission for my child _____ to have his/her picture taken during school hours for projects pertaining to the classroom or to be shared directly with parent (s) in the classroom.

I _____ do not give permission for my child _____ to have his/her picture taken during school hours for projects pertaining to the classroom or to be shared directly with parent (s) in the classroom.

Signature of Parent

Date

Dear Parents,

The last Friday of each month, we will have Pizza and Pajama Day. The cost of the Pizza is \$1.00 for the one year old classrooms and \$2.00 for the two, three & four year old classrooms. Prepayment for pizza will be required at the time of registration.

Thank you,
GLS Staff

My child _____ is in the one year old class and I will pay in advance \$1.00 x 9 months of school = \$9.00 for Pizza Friday.

My child _____ is in the two, three or four year old class and I will pay in advance \$2.00 x 9 months of school = \$18.00 for Pizza Friday.

My child _____ will not participate in Pizza Friday.

Parents Signature

Date

God's Living Sea Illness Policy

1. For the health and safety of all students and staff of GLS please keep your student at home if he/she is ill.
2. If your child has any of the following symptoms and/or illnesses, we require that you keep your child at home: (This is not a complete listing of every contagious illness.

Chicken Pox
Conjunctivitis (Pink Eye)
Fever (in last 24 hours)
Gastrointestinal Virus
Green Runny Nose
Hand, Foot & Mouth Disease
Impetigo
Influenza
Lice
Measles
Mononucleosis
Mumps
Rashes
Respiratory Syncytial Virus (RSV)
Vomiting/Diarrhea
Any other contagious illness

3. If your child is being treated with antibiotics, he/she should be on the medication for at least 24 hours before returning to school. Your child should be fever free for 24 hours. In the case of viral infection, children should be free of vomiting or diarrhea for at least 24 hours.
4. God's Living Sea may require for certain illnesses a doctor's note to return to school.
5. If your child has a continually clear runny nose or rash due to a non-contagious illness or allergy, please let us know. We realize that some symptoms remain long after the child is no longer contagious. Remember that our goal is for all of our children to remain healthy and happy.
6. **NO** medications will be administered at school under any circumstances with exception of life saving medication including, Epipen, Auvi-Q or rescue inhaler.
7. If your child becomes ill while at school, the Director will contact the parent/guardian immediately to pick up your child. If you are unavailable, your emergency contacts will be called. Your child will be separated from the other children while they wait for you to pick them up. Please make arrangements to pick up your child within 30 minutes of contact.

I _____ **acknowledge that I have read and understand God's Living Sea's Illness Policy.**

