

REGISTRATION APPLICATION

I understand that I am responsible for the following information and all applicable fees *before* admittance of my child.

This paper and the following must be turned in with your child's application. Registration will not be accepted without a registrar's signature. Please remember tuition must remain two weeks in advance at all times.

Registration and supply fee:

- Kindergarten
- Preschool
- Aftercare/Summer Care/Holiday Care

Tuition:

- Kindergarten
- Preschool
- Aftercare/summer care

Book fees:

- Kindergarten

<input type="checkbox"/> Enrollment Agreement <input type="checkbox"/> Physician's Report <input type="checkbox"/> Immunization card <input type="checkbox"/> Copy of birth certificate <input type="checkbox"/> Copy of social security card
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Total fees paid \$ _____

- Check # _____
- Cash
- Other # _____

Child's name _____

Parent's signature _____

Date _____

Registrar's signature _____

Date _____

Note: Registration will not be accepted without all information, applicable fees and a signed form from parent and registrar. Physician's statement by fax must be received prior to acceptance.

-----*For office use only*-----

_____ Registrar's Initials

_____ Finance's Initials _____ Account number _____ Child's number

_____ Profiler's Initials _____ Child's birthday

_____ Copier's Initials

GLAD TIDINGS PRESCHOOL

FINANCIAL AGREEMENT

1. I agree to pay a non-refundable registration fee and supply fee of \$100.00 per child per year. I understand that if I choose to withdraw my child and re-enroll at another time that I will have to pay another \$100.00 registration fee.
2. Once I enroll my child, I am responsible for the tuition every week whether my child is here or absent due to illness/vacation etc. After a full year, one vacation week may be taken in a calendar year at no charge. A vacation week consists of Monday thru Friday. Children may not attend during their vacation week.
3. There will be a \$10 late fee assessed on accounts not paid by the close of business on Tuesday.
4. I agree to pick up my child by 5:30 p.m. or have alternate pick-up arrangements. I understand that a \$10 late charge and \$5.00 for every additional 5 minutes thereafter. These fees are charged every time a child is picked up late for any reason.
5. I understand that GTP **cannot carry delinquent accounts**. Failure to pay all tuition will result in the student not being accepted back into the Preschool **until the tuition is paid in full**.
6. I understand that I must pay my tuition in the office only. Teachers and staff are not allowed to take payments of any kind. All payments must be by check or money order.
7. I understand that I must submit a copy of my child's current immunization record before enrollment.
8. GTP is closed for the following holidays:
 - New Year's Day
 - Good Friday
 - Easter Monday
 - Memorial Day
 - July 4th
 - Labor Day
 - Veteran's Day
 - Thanksgiving Day
 - Thanksgiving Friday
 - Christmas Eve
 - Christmas Day
 - New Year's Eve
 - Teacher's Conferences (2 days, dates to be posted)
9. If a holiday falls on a Saturday, Friday will be observed as the holiday. If the holiday falls on a Sunday, the following Monday will be observed. If a child attends 2 or more days in a week, tuition is the full amount. No deductions will be made for observed legal holidays. This means if there are two holidays in one week, the week will be charged at full tuition price. For example, Thanksgiving, Christmas, and New Year's weeks. If there is one holiday in one week and your child attends one day, tuition is the full amount.

Signature

Date

Child's Name

**GLAD TIDINGS PRESCHOOL
2009-2010 REGISTRATION FORM**

PLEASE TYPE OR PRINT CLEARLY IN INK

DATE: _____ AGE ENTERING: _____

NAME: _____
Last First Middle Name child goes by

Address: _____ Phone _____

City: _____ Zip Code: _____

Sex: M F Date of Birth ____/____/____ Race: _____ Social Security #: _____

Church you attend: _____

1. Parents/Legal Guardian (living with student):

Names: _____ Dad's work #: _____
Dad's name Mom's name Last name Dad's pager #: _____
Dad's cell #: _____

Dad's Employer: _____

Dad's Social Security #: _____ Mom's work #: _____

Mom's Employer _____ Mom's pager #: _____

Mom's Social Security #: _____ Mom's cell #: _____

2. Parent/ Legal Guardian (NOT living with student):

Name: _____
Last First

Address: _____
Street City State Zip Code

PERSON RESPONSIBLE FOR TUITION (If different than Parent #1 listed above) Relationship: _____ Phone: _____

Name: _____ Address: _____

Child's Name: _____ Birth date: _____

Authorized Pickups/Emergency Contacts (other than Parent #1 listed above):

1. _____ Relationship _____ Phone # _____

2. _____ Relationship _____ Phone # _____

3. _____ Relationship _____ Phone # _____

Student's Physician: _____ Phone # _____

Student's Dentist: _____ Phone # _____

Allergies/Disabilities: _____ Medication: _____

Is the child on a special or modified diet? Y N _____
(Physician's statement is required when a child is on a special diet for medical reasons; parental statement is required when a child is on a modified diet for religious reasons.)

