

Enrollment Date: _____

Gooden Academy Preschool

Enrollment Application



Full Name of Child: _____ Sex: M _____ F _____

Child's DOB: _____ Name the child goes by: _____

Is the child related to the primary caregiver? No Yes – Relationship: _____

Child's Address: _____

Parents/Custodial Parents:

Mother's Name: _____ Father's Name: _____

Home Address: _____ Home Address: _____

City State Zip City State Zip

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Employment: _____ Employment: _____

Work Address: _____ Work Address: _____

City State Zip City State Zip

Work Phone: _____ Work Phone: _____

Work Hours: _____ Work Hours: _____

Transportation Plan:

Please list any other adults to whom your child may be released or are authorized to provide transportation for your child.

Name:	Phone Number:	Relationship:
Name:	Phone Number:	Relationship:
Name:	Phone Number:	Relationship:

Emergency Contact Information:

1. Name of person, other than the child-care provider, authorized to act for parent in an emergency.

Relationship to child: _____

Home Phone: _____ Alternative Number: _____

2. Name of person, other than the child -care provider, authorized to act for parent in an emergency.

Relationship to child: _____

Home Phone: _____ Alternative Number: _____

3. Name of person, other than the child-care provider, authorized to act for parent in an emergency.

Relationship to child: _____

Home Phone: _____ Alternative Number: _____

Toilet Habits:

Time at which child is taken to the bathroom? _____

Can the child take themselves? _____

Does the child tell you when he/she needs to go and does he/she go willingly? _____

Can he/she manage his/her clothes at the toilet? _____ What words does he/she use for:

Urinating: _____ BM: _____

Speech and physical Growth:

The child talks: Well Fairly Well Not Very Well Not at All

Does anyone read to the child? _____ How regularly? _____ At what age did the child creep? _____

Crawl? _____ Walk? _____ Which of the following words would you use to describe the child (check all that apply):

active quiet thin average weight heavy tall average height short friendly unfriendly

Is there any other information you think we should have about the child? _____

Ongoing Medical Care:

Does the child have any medical diagnosis that requires ongoing care? _____

If yes, explain what type of care is administered at home and by whom? _____

Are you requesting that this care be provided at the facility? Yes No

If yes, describe the care required:

(Request a doctor's statement for any specified requests for care at the facility).

Child's Health Information and History

Health Plan _____ Group#: _____ ID#: _____

Child's Doctor: _____ Phone: _____

Are your Child's immunizations up to date? Yes () No ()

Note: attach a copy of immunization record to document

If not up to date, please explain: _____

Does child have any known health problems? Yes () No () (If yes attach documentation)

Does your child get colds/flu often? _____

Does your child have any special needs? _____

Please list any serious prior injuries: _____

Check (√) any of the following illnesses the child has had:

- | | | | | |
|-------------------------------------|--------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Earaches | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Polio | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> Croup | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Measles | <input type="checkbox"/> Influenza | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Other: _____ | | |

Does your child have any known allergies? Yes () No () If yes, what are they and what are your child's reactions:

Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken:

Does your child have any speech, hearing or visual problems? Yes () No ()

Has your child ever been tested for the above? Yes () No ()

Please comment on any other medical information/or special need the child-care provider should be aware of:

Medication and Emergency Care Authorization

I authorize, Gooden Academy Preschool, to administer **PRESCRIBED MEDICATIONS ONLY** for the comfort and well-being of my child.

NOTE: Prescription medications will require separate authorizations for each occurrence and must be sent to school in original prescription bottle.

I authorize Gooden Academy Preschool to obtain the following services for this child if necessary: Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Comments/Exceptions: _____

Parent Signature

Date

Signature

Date

Water Play Authorization

Please be informed that water play is a high-risk activity and thus permission is required for children to participate in these activities. We participate in many water activities throughout the year which includes but is not limited to water table, water balloons/guns, sprinklers and other water activities. Many precautions are being taken at the school to help keep children safe when participating in water play at the preschool.

I authorize my child to participate in ALL water activities offered.

I do NOT authorize my child to participate in ANY water activities.

Parent Signature

Date

Signature

Date

Photo Authorization

Photographs and videos are taken during on separate occasions such as birthdays, holidays, outings, special occasions as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, picture CD's and various other things. Photos which may include my child may be given to families who also attend this program or may appear in the newspaper unless otherwise noted by you.

Please mark the appropriate box(s):

I give permission to Gooden Academy Preschool, to take photographs/videos of my child(ren).

Photos are used in the classroom only or are given to parents as a remembrance of their child's year (including other families in the program).

In Addition:

I give permission for photos/videos to be posted on our Facebook or Blog (to share your child's day).

I give permission for my child's photo to be used on printed marketing materials (pamphlets, flyers, etc.)

OR

I do NOT want any photos/videos taken of my child.

Parent Signature

Date

Signature

Date

Tuition Agreement

Child's Name:

I agree to pay:

\$ _____ Weekly Monthly

I understand and agree to the following:

- There is an initial, non-refundable **\$100 enrollment fee** due to guarantee a spot for my child in the preschool. If I should withdraw my child, I understand that there will be a re-enrollment fee.
- I understand there will a supply fee of **\$50**.
- **All fees are due on Friday (a week in advance) by 4:00p.m. Payments not received by 4:00p.m. will incur a late fee of \$20.00. \$10 will be charged for each additional day the payment is late.**
- Parents, who make payments monthly, must pay by 4:00p.m. on the last day of the month for the upcoming month.
- Payments will be accepted in the form of cash, check or electronic transfer through Zelle or Cash App.
- If a check is returned, you will be charged a \$40 fee and no longer able to pay in the form of a check, but only by the other payment options.
- If your bill is more than one week past due then your child will not be able to attend until tuition and late charges have been paid.
- I will pay the agreed upon tuition whether my child is present or not. This includes family vacations, medical leave, illness, school cancellations, etc.
**** (As long as your child's name is on the role and occupies a space, full payment is due) ****
- I will give at least two weeks' notice in writing prior to withdrawing my child.
- ****Late pick-up policy:** If you are late picking up (after closing time) you will be charged a late fee of \$1 per minute that you are late. This late fee must be paid in cash to the staff on duty upon pick-up of your child. Should your child be left in our care for more than 30 minutes, State Law requires that we contact juvenile court for pick-up of your child(ren). Please give us a courtesy call in the event that you're running late. Late fees will still be applied.

Partial payments are NOT accepted.

I understand that all outstanding financial obligations and commitments must be cleared up by the end of the current school year in order to secure a spot for next year.

Signature of Parent/Guardian:

Date Signed:

Early Childhood Expulsion and Suspension Policy

Unfortunately, there are sometimes reasons we have to ask that a child be removed from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced.

WHEN A CHILD IS HAVING A PROBLEM IN THE CLASSROOM

- Staff will try to redirect child from negative behavior.
- Staff will reassess classroom environment, appropriate of activities, supervision.
- Staff will always use positive methods and language while disciplining children.
- Staff will praise appropriate behaviors.
- Staff will consistently apply consequences for rules.
- Child will be given verbal warnings.
- Child will be given time to regain control.
- Child's disruptive behavior will be documented and maintained in confidentiality.
- Parent/guardian will be notified verbally.
- Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.
- The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.
- The parent will be given literature or other resources regarding methods of improving behavior.

SCHEDULE OF EXPULSION

- If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion.
- An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the school.
- The parent/guardian will be informed regarding the length of the expulsion policy.
- The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the school.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Failure to pay/habitual lateness in payment.
- Failure to complete required forms including the child's immunization records.
- Verbal abuse to staff.
- Parent threatens physical or intimidating actions toward staff members.

CHILD'S ACTIONS FOR EXPULSION

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical abuse to staff or other children.

NAME OF CHILD: _____

SIGNATURE OF PARENT: _____

Information on this form shall be updated annually or as needed to ensure the protection of the child.

Parent Declarations:

_____ I received a summary of the licensing requirements.

_____ I do hereby authorize emergency medical care for my child

_____ I visited the facility prior to enrolling my child. Pre-enrollment Visit Date: _____

_____ I received a copy of the child-care facility's policy handbook, and payment contract, and I have signed their copy, verifying by receipt my understanding and agreement of their content.

Date of last update with parent's initials:

Parent Signature

Date

Signature

Date

For Admin Only

Date of Child's Withdrawal:	Reason for Withdrawal:
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This form/information shall be maintained for one year after date of disenrollment.