

GMG Preschool Registration 2020/2021

GMG Preschool is open to district and non-district 4-year-old children. Classes are held Monday through Thursday for 2 ½ hours a day. Extended Learning is available Monday through Friday at the additional rate of \$3.00* an hour.

Student Information			
Last	First	MI	Gender
Street	City	State	Zip
Phone Number	Social Security Number	DOB	Place of Birth
Siblings (name, date of birth, and grade)			
Family Information			
Child lives with (Please check) <input type="checkbox"/> both natural or adoptive parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Mother & stepfather <input type="checkbox"/> Father and Stepmother <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (please explain)			
Additional Information			
The Extended Learning Program is a structured play setting that supports the content and skills taught in the preschool classroom. The program must maintain a 1:10 ration. Do you plan to send your child to the optional Extended Learning Program? (\$3.00/hr*) <input type="checkbox"/> Yes, we plan to send our child <input type="checkbox"/> No, we do not plan to send our child			
What school district do you reside?			
What school district will your child attend kindergarten?			
Does your child have previous preschool experience? If yes, what preschool?	How did you learn about our program?		

* Extended Learning rate as of 2019/20 school year. Subject to School Board approval

**GMG Preschool reserves the right to assign students to class sections.

PARENTAL EMERGENCY MEDICAL CONSENT

This form allows parents and guardians to authorize the provision of emergency treatment for below named child who becomes ill or injured while under program authority when parents or guardians cannot be reached.
 In the event reasonable attempts to contact have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by the doctor or dentist listed below, or if unavailable, another licensed physician or dentist.

I agree to pay all costs and fees as secured or authorized under this consent.

CHILD'S NAME:		BIRTH DATE:	
PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD RESIDES			
1. NAME		RELATIONSHIP TO CHILD	
ADDRESS		EMPLOYER	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
2. NAME		RELATIONSHIP TO CHILD	
ADDRESS		EMPLOYER	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
EMERGENCY CONTACT PERSON(S)			
1. NAME		RELATIONSHIP TO CHILD	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
2. NAME		RELATIONSHIP TO CHILD	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
3. NAME		RELATIONSHIP TO CHILD	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
PERSONS AUTHORIZED TO PICK UP CHILD		ADDRESS	PHONE NUMBER
1.			
2.			
3.			

Are there any custody or restraining orders for person(s) who may attempt to pick up or have contact with the child while in care at the center?

Name	Name
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PHYSICIAN NAME		DENTIST NAME	
PHONE NUMBER		PHONE NUMBER	
ADDRESS		ADDRESS	
HOSPITAL PREFERENCE			
KNOWN ALLERGIES			DATE OF LAST TETANUS
PRESENT MEDICATION			
INSURANCE COMPANY		POLICY HOLDER ID	

This consent will be in effect beginning (date) _____ and be updated annually by the parent/legal guardian.

SIGNATURE OF PARENT OR GUARDIAN	DATE	SIGNATURE OF PARENT OR GUARDIAN	DATE
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School-Age Assessment & Health Form
& Immunization Declaration

Child's Full Name

Birth Date

1. Significant illnesses and surgeries child has had (give age at time):

2. Any special health-related needs of child (allergies, medications, injuries, etc.):

3. Describe your preschooler's toileting independence

* Children who are not potty trained by start of the preschool year will be required to meet with preschool staff to address toileting needs.

4. Is there any defect of vision, hearing or speech of which the preschool program should be aware, or could compensate by appropriate action?

5. Is this child subject to any conditions which limit classroom activities or physical education?

6. Is this child subject to any condition which may result in an emergency situation?

7. Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation?

8. Other information you would like to share:

**FOR CENTERS SERVING SCHOOL-AGE CHILDREN OPERATING IN THE SAME
SCHOOL FACILITY IN WHICH THE CHILD ATTENDS SCHOOL:
My signature below certifies that immunization information concerning my child
has been provided and is available in the school file.**

Parent's Signature _____

Date _____

Parental Consent

I grant the following:

1) Permission for my child to travel and attend Field Trips with the GMG Preschool. All families will be notified prior to any trip. _____ Yes _____ No

2) Permission for GMG to use photographs of your child in the newspaper or other publications for the purpose of promoting the preschool. _____ Yes _____ No

3) Permission for the GMG Preschool Staff to apply NO-AD SPF 45 sunscreen to my child in the event that the class will be outside for more than 10 min during peek months. _____ Yes _____ No

4) Permission for GMG Preschool staff members to apply insect repellent that contains DEET when public health authorities recommend use of insect repellents due to a high risk of insect-borne disease. _____ Yes _____ No

5) Permission for GMG preschool to post pictures of my preschooler on the 'secret group' Facebook page. I understand that this is an 'invite only' private group. _____ Yes _____ No

6) Permission for GMG Preschool to contact me via text message during the school day. _____ Yes (provide number) _____ No

7) Please send me an invitation to the Teaching Strategies GOLD[®] family site where I can track my students progress, access lesson plans, and see suggested activities:

(email address)

Signature _____ Date _____

The following will be needed to complete the registration process:

- 1) This form completed and returned to the GMG Elementary
- 2) A completed physical form
- 3) A copy of your child immunization record
- 4) A copy of your child's official birth certificate