

# GROW TO KNOW REGISTRATION FORM



Date of Birth \_\_\_\_\_

Enrollment Date \_\_\_\_\_

www.gtkpreschool.com

growtoknow@schweitzerumc.org

417.881.6800 x216 (Office) 417.881.3387 (Fax)

## PLEASE CIRCLE YOUR CHOICE OF CLASSES.

### PART TIME

2-5 year olds only

M-F 7:00-1:00 \$100.00/week

M/W/F 7:00-1:00 \$60.00/week

T/TH 7:00-1:00 \$40.00/week

### FULL TIME

Infants 0-12 months

\$197.50/week

Toddlers 12-24 months

\$197.50/week

2-5 year olds only

M-F \$147.50 per week

M/W/F Full Days \$112.50 per week

T/Th Full Days \$77.50/week

**ENROLLMENT FEE \$50.00**

**ANNUAL FEE: \$25.00**

Referred by: \_\_\_\_\_

**Home Church (if applicable):** \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Hours** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Employer's Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Hours** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

## EMERGENCY CONTACTS/PERSONS AUTHORIZED TO PICK UP (BESIDES PARENTS)

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Names & Ages of other children at home:**

**Other information: (Allergies, special needs, special abilities)**



**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize Grow to Know Preschool:

**To contact Doctor/Clinic:**

\_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Address (Street, City, State, Zip) Telephone

**For Emergency Medical Treatment of my child, my preferred Hospital is:**

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_  
Address (Street, City, State, Zip)

**TRIP AND ACTIVITY PERMISSION**

I  Do  Do Not give consent for my child to take part in field trips or excursions with this facility under proper supervision. It is my understanding that I will be notified when such trips are planned.

\_\_\_\_\_  
**Parent/Legal Guardian Signature** **Date**



**PHOTO RELEASE**

Frequently in classrooms and for the center’s displays, we use pictures of the children. We will use these for the newsletters, bulletin boards, Facebook, etc. We would like your permission to use your child’s pictures. Please state on this form how we can use your child’s photos.

Schweitzer’s Media Coordinator will contact you for permission prior to using your child’s photos for church purposes.

My child \_\_\_\_\_ may be photographed by Grow to Know Preschool. Please list any limitations below:

Parent’s Signatures:

- 1. \_\_\_\_\_ Date: \_\_\_\_\_
- 2. \_\_\_\_\_ Date: \_\_\_\_\_

**ENROLLMENT FORM ACCEPTANCE**

I have read the policy statement and the parent handbook and agree to abide by these policies. In case I do need to remove my child from the program, I will give two week’s notice or pay for an additional 2 (two) weeks.

Date \_\_\_\_\_ Signed \_\_\_\_\_  
(Parent or legal guardian)



Dear Parents,

To allow teachers and administrators to better plan for student's individual needs and the needs of the class as a whole, we use several assessment tools throughout the year. Teachers assess strengths and needs of the children and of themselves and evaluate classroom plans and environment by using student portfolios, observation, developmental checklists, goal-setting, and new this year - DECA Social and Emotional Assessment. We believe in authentic assessment (watching for development and growth as it naturally occurs in the context of the child's environment). We do not employ testing techniques nor do we use standardized tools such as the Denver or DIAL tests. Parents should consult with Parents as Teachers or other professionals for formalized testing and screenings. The DECA assessment tool that we use is a method of measurement that assesses social and emotional strengths and concerns via authentic observation. In the DECA process, parents and teachers may note the observance of certain behaviors and skills for a comparative look at where the child is emotionally and socially. As with all forms of assessment, the results are relative to the environment of the child at the time. Classroom plans or specialized behavior plans may be designed based on the cumulative results. The DECA program provides cross-referenced options for skill building in the areas of attachment, initiative and self control.

**ASSESSMENT WAIVER**

I \_\_\_\_\_ grant teachers and staff of Grow to Know  
*Parent's name (please print)*

Preschool permission to assess social and emotional development of my child using the DECA assessment tool.

\_\_\_\_\_  
*Child's name*

I realize that assessment information is confidential and to be used only in the context of the child's classroom to assist teachers and the director to effectively plan for classroom activities that optimize children's social and emotional development in a highly positive manner.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

AKNOWLEDGEMENTS		PARENT/GUARDIAN INITIALS
A.	When my child is ill, I understand that my child will not be accepted in school or remain in school. In the event of illness or rash, a doctor's note may be required.	
B.	I understand that payment is due by Monday for the week. Payment is considered late on Wednesday and a \$15.00 late fee will be added to my account.	
C.	I understand that a late fee of \$15.00 will be added to my account if there is a balance.	
D.	I understand that there will be a \$25.00 return check fee if any check is returned.	
E.	I understand that I need to give two weeks written notice if I withdraw my child from the program. If no notice is given, tuition will continue to be charged for two weeks after child's last day.	
F.	<b>FULL TIME:</b> I understand that the school closes at 6:00pm and I will be charged a \$1.00 per minute late fee for each minute that my child is under the supervision of a GTK staff member after 6:00pm.	
G.	<b>PART TIME:</b> I understand that the school day ends for my child at 1:00pm and I will be charged a \$25.00 late fee if my child is not picked up by 1:15pm.	
H.	I understand it is necessary to complete all state required forms and furnish a medical examination report along with proof of completed age-appropriate immunizations or exemption from immunizations form prior to attending preschool.	
I.	Please communicate with GTK by 9:00am if your child will be absent or late.	
J.	<b>PART TIME:</b> I understand that I have scheduled my child for either Monday, Wednesday and Friday 7:00-1:00, OR Tuesday and Thursday 7:00-1:00. If preschool is closed or child misses scheduled day, the preschool will not schedule a make-up day or issue a credit for the day(s) missed.	
K.	I understand that if I say my child has an allergy (food, environment, etc.), I will provide doctor's documentation stating the allergy and care plan.	
L.	I understand that Grow to Know is a year round program and does not close during the summer. If I withdraw my child for the summer, I must pay the minimum tuition to hold my child's spot. (Infants and Toddlers are <b>FULL TIME</b> only)	
M.	I understand that if GTK is closed for inclement weather, it will be communicated via the news channel school closing list, on the GTK Facebook page, and www.gtkpreschool.com.	
N.	I have received the Parent Handbook and am aware of the dates GTK will not offer preschool.	
O.	I understand that I may request notice at initial enrollment or anytime thereafter whether there are children currently enrolled in or attending the facility for whom an "Immunization Exemption" has been filed.	