

GROW TO KNOW REGISTRATION FORM



Date of Birth _____

Enrollment Date _____

Today's Date _____

www.gtkpreschool.com

growtoknow@schweitzerumc.org

417-881-6800 x216 (Office) 417-459-4452 (Fax)

PLEASE CIRCLE YOUR CHOICE OF CLASSES.

FULL TIME

Infants 0-12 months
\$220.00/week

Toddlers 12-24 months
\$220.00/week

2-5 year olds only
M-F \$170.00 per week
M/W/F Full Days \$135.00 per week
T/Th Full Days \$100.00/week

ENROLLMENT FEE \$50.00

ANNUAL FEE: \$25.00

Referred by: _____

****PLEASE COMPLETE THE ENTIRE FORM****

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 _____

Employer's Address _____ City _____ State _____ Zip _____

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)

PERMISSION TO LEAVE THE CENTER

Yes, I give permission for _____ to leave the enclosed Grow to Know Preschool, but stay on the Schweitzer property and adjoining property. (This would include the community garden, the food pantry, Panera Bread, the yard.)

This is a blanket permission slip for August 2019-July 2020 for any day my child is in attendance.

I understand that I must sign a permission slip if my child rides the church bus/van or walks further than the adjoining property.

Parent/Legal Guardian Signature **Date**



PHOTO RELEASE

Grow to Know and Schweitzer will use photographs for the classrooms, displays, newsletters, bulletin boards, GTK Facebook page, Schweitzer Facebook page, and the GTK/Schweitzer websites. We would like your permission to use your child's picture. We will not use the child's name unless we have permission from you.

My child, _____, may be photographed by Grow to Know Preschool and Schweitzer.

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.	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.	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.	
H.	Please communicate with GTK by 9:00am if your child will be absent or late.	
I.	PART TIME: I understand that I have scheduled my child for either Monday, Wednesday and Friday Full Days, OR Tuesday and Thursday Full Days. 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.	
J.	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.	
K.	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 current tuition to hold my child's spot. (Infants and Toddlers are FULL TIME only)	
L.	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.	
M.	I have received the Parent Handbook and am aware of the dates GTK will not offer preschool.	
N.	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.	