

Preschool use only: Registration Date _____
May Tuition _____
Cash _____ Check _____ Check # _____ IMM _____

2019-2020 GLORIA DEI PRESCHOOL STUDENT PERSONAL DATA

1. Student's Name: _____ Birthdate: _____
 (Legal Last Name) First Name Middle
 Is student known by another Name? _____ Gender: M / F Place of birth: _____
 (City-State/Country)

Student's Address: _____

Student's Telephone Number _____

2. Head (s) of Household Information:
 With whom does the student live? 1. Both ___ 2. Father ___ 3. Mother ___ 4. Stepfather ___ 5. Stepmother ___
 6. Father & Stepmother ___ 7. Mother & Stepfather ___ 8. Guardian ___ 9. Agency ___ 10. Foster Parent ___
 11. Grandparent ___

3. How did you hear about Gloria Dei Preschool? Magazine ad _____ Google Search _____ Friend/Family _____ Other _____
 Married Single Divorced Deceased

Father:	Home Address:				
City:	State Zip County				
Work Place:	Work Phone: Home Phone:				
	Cell Phone/Pager #:				
	E-Mail Address:				
Mother:	Home Address:				
City:	State Zip County				
Work Place	Work Phone: Home Phone:				
	Cell Phone/Pager #:				
	E-Mail Address:				
Stepfather:	Home Address:				
City:	State Zip County				
Work Place	Work Phone: Home Phone:				
	Cell Phone/Pager #:				
	E-Mail Address:				
Stepmother:	Home Address:				
City	State Zip County				
Work Place:	Work Phone: Home Phone:				
	Cell Phone/Pager #				
	E-Mail Address:				

Grandparent:	Home Address:						
City:	State	Zip	County				
Work Place:	Work Phone:		Home Phone:				
	Cell Phone/Pager #:						
	E-Mail Address:						
Foster parent (s)/Guardian;	Home Address:						
City:	State	Zip	County				
Work Place	Work Phone:		Home Phone:				
	Cell Phone/Pager #:						
	E-Mail Address:						
Agency:	Home Address:						
City:	State	Zip	County				
Work Place	Work Phone:		Home Phone:				
	Cell Phone/Pager #:						
	E-Mail Address						

3. List of Brothers, Sisters, Children Living in Household:

Name	Birthdate

4. Previous school enrollment for the student you are registering:

Did the student receive the following services at a previous school(s)?

Individual Education Plan (IEP) ____ Therapy (OT/PT) ____ Speech/Language ____ Resource ____ LEP ____ Other ____

Age Name of Previous School Address City State Dates Enrolled

In case of a health concern the Gloria Dei Preschool will attempt to contact you to secure your assistance. Please list other persons available during school hours that the school is authorized to contact so that your child may be given assistance.

Emergency Name	Relationship	Phone

In the event services of a physician or hospital emergency room appear necessary, whom would you prefer the school utilize?

Physician _____ Phone: _____ (circle one) McKennan/Sanford

Please list medication your child takes: _____

Please list any significant health information which should be known by the school or attending physician (asthma, seizure, diabetes, allergies, immunizations within the last year, etc.) _____

How does your child act when a health problem occurs? _____

List measures you would like school personnel to follow if a health problem(s) occur at school. _____

Insurance Company _____

Policy Number _____

CHECK FIRST PREFERENCE OF CLASS

3 & Young 4 Year Old Class Tue/Thurs AM _____ 9:00-11:30
(\$115 pr month) Mon/Wed AM _____ 9:00-11:30

4 yr Old Class Mon/Wed/Fri AM _____ 9:00-11:30 PM _____ 12:45-3:15
(\$150pr month) Tues/Thur/Fri AM _____ 9:00-11:30

4 and 5yr olds Class Mon/Tue/Wed/Thur AM _____ 9:00-11:30
(\$180 pr month)

5 Year Old Class Mon-Fri AM _____ 9:00-11:30
(\$195 pr month)

IF THERE IS NOT SUFFICIENT ENROLLMENT IN A CLASS, AN ALTERNATIVE CLASS WILL BE SUGGESTED.

***PLEASE INCLUDE A \$50.00 NON-REFUNDABLE REGISTRATION FEE AND ONE MONTH OF TUITION WITH YOUR REGISTRATION FORM.**

NOTIFICATIONS

It is the policy of Gloria Dei Preschool to provide emergency care for students when necessary during their attendance at school and school activities or events, and to release information requested in connection with the provision of such care. Responsibility for payment of ambulance, physician and/or/hospital expenses is that of the parent/guardian.

It is the policy of the Gloria Dei Preschool to permit media to photograph or film group shots of students in hallways and/or classrooms.

If you desire to make any changes with respect to who has access to your child's record, please contact the preschool director.

It is the responsibility of the parent/guardian to submit legal documents regarding custody/restraining orders, etc., to the school.

SIGNATURE OF PARENT OR GUARDIAN _____ Date _____

AUTHORIZATIONS

I hereby grant permission:

1. For my child to use all of the play equipment and to participate in all of the activities of the school.
2. To Gloria Dei Preschool for the use of photographs, drawings, slides and television participation involving my child individually or in a group. These may appear in various publications, the Gloria Dei website, presentations and/or showing on television of such programs as are participated in by my child.
3. For my child to leave the school premises under the supervision of a staff member for neighborhood walks, or special excursions to places of interest in authorized vehicles. (Notice will be given a day or two prior to trips on a vehicle as to where the class is going.) The teacher(s) shall exercise due care and caution in providing for safety of his/her pupils while on such excursions. It is understood that I hereby release the teacher(s) and director of the school from liability for any injury my child may sustain on such trips or excursions and to agree to hold said teacher and director blameless, beyond exercise of due care and caution, in the event of any such injury.
4. For the teacher or acting teacher to take whatever steps may be necessary to obtain care as warranted.

Signature of Parent of Guardian _____ Date _____

Gloria Dei Preschool admits students of any race, color, and national or ethnic origin.