

The School of Grace Registration Form 2012/2013

Please indicate class choice:

✓	Class	Ages Requirements	Registration Fee
	Turtles Infant / Toddler Class *	Born between June 1, 2010 and March 1, 2012	\$132.00
<i>*If registering for the Infant / Toddler Class, circle one of the following options:</i>			
1 day per week (circle the one day you prefer)	Monday	Tuesday	Wednesday
2 days per week	Monday and Wednesday		Tuesday and Thursday

All Other Classes:

	Tadpoles Tuesday / Thurs. Class	Born on or before June 1, 2010	\$160.00
	Frogs Monday / Wednesday / Friday Class	Born on or before August 31, 2009	\$218.00
	Monkeys Transitional Class	Born on or before March 1, 2009	\$268.00

A Registration fee must accompany each application. Registration fees are not applicable to tuition and are non-refundable unless the parents move to another town, notifying The School of Grace in writing prior to July 1, 2012. September tuition is due at Parent Orientation in August.

Name of Child _____ Name Used _____

Sex _____ Date of Birth _____ Phone Number _____

Street Address _____ City & Zip _____

Mother's Name _____ Phone Number (H) _____ (W) _____

Street Address _____ City & Zip _____

Where Employed _____

Father's Name _____ Phone Number (H) _____ (W) _____

Street Address _____ City & Zip _____

Where Employed _____

E-mail address: _____ (please print)

Languages spoken by: Child _____ Mother _____ Father _____

Are you a member of Grace Lutheran Church? _____

Explain any circumstances, concerns or special needs that the teacher or school should be aware of for this child: (Attach an additional sheet if needed) _____

Allergies _____ Fears _____

Summarize any professional evaluation or treatment that your child has received: (Attach an additional sheet if needed) _____

Explain any circumstances, concerns or special needs that the teacher or school should be aware of for either parent: _____

What are your expectations for your child this year at The School of Grace? _____

- During the day while my child is in school, The School of Grace staff has my permission to provide him/her with **medical care** as may be prescribed by a licensed doctor.
- I give permission for the staff of The School of Grace to **administer basic First Aid** in case of minor accidents, including the use of First Aid cream, alcohol, Neosporin, Peroxide and After-Bite.
- I give permission for my child to go on any **scheduled field trips or other outings**, which may include activities outside the fenced-in play area.

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- Occasionally, **pictures are taken** under the supervision of The School of Grace staff. I give my permission for such pictures to be taken and displayed in relation to school activities, advertising and on the website. No names will accompany photos in advertising or on the website.

The School of Grace Parent Participation Agreement

I understand that:

- The School of Grace encourages **enrollment of students** of all religions, races, national or ethnic origins and varying abilities.
- The Director reserves the right to maintain a reasonable **boy/girl ratio**.
- In order to **maintain the appropriate adult/child ratio**, siblings may not accompany adults during parent participation activities.
- As a member of a Parent Participatory Preschool, I agree to:**
 - Work as **Helping Parent** in the classroom approximately two (2) times per month.
 - Attend **parent education workshops** presented during the school year.
 - Attend **Parent Workdays** (approximately two per year).
 - Serve on at least one **committee**.

Committee Responsibilities

I am willing to assume the following committee responsibilities for the year 2012/2013:

Rank your choices 1-6, with 1 being your first choice.

_____ **Refreshments**-Provide refreshments for parent workshops, teacher appreciation, teacher workdays, parent / teacher conferences and occasional theme snacks for classes, etc.

_____ **Refugee / Special Needs**-Help integrate refugee families and families with special needs children into the whole school family.

_____ **Maintenance**-Implement any needed maintenance in addition to designated workdays.

_____ **Fundraising** -Assist with one of three areas of fundraising: Grants, Scholarships, Fundraising Support

_____ **Publicity**-Host events and prepare materials to attract new students, implement strategies to make the preschool more visible in the community.

_____ **Room Parent**-Assist teacher, as needed. *Note: This is not the same as Helping Parent.*

Parent Signature: _____ **Date** _____

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The School of Grace Emergency Care and Authorization

The staff cannot permit a child to leave with anyone not authorized by the parent or guardian signing this application. If a change is necessary, the parent must notify the school in writing.

Authorized people to pick up my child in the afternoon are:

Name/ Address	Work Phone / Hours	Home Phone / Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Care Information

Name of child's doctor: _____ Office Phone: _____

Office Address: _____

Name of child's dentist: _____ Office Phone: _____

Office Address: _____

Hospital Preference: _____

Insurance Carrier: _____ Policy # _____

Responsible Party to call in case of emergency, if neither the father, mother or guardian can be contacted:

Name / Relationship: _____ Phone _____

Name / Relationship: _____ Phone _____

Name / Relationship: _____ Phone _____

I agree that the director may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____