



Dear GGCP Families,

Thank you for your interest in Growing Gorillas Cooperative Preschool. For those of you who want to secure your child a spot in our new four-day class, please review the following information and submit the required paperwork and **start-up fee** ASAP. Your child's spot is not guaranteed until the start-up fee and paperwork have been submitted, and there are only 15 spots available!

You are encouraged to read the complete Parent Handbook online at www.growinggorillascoop.org. If you have any questions, please feel free to give me a call or email at the contact information listed below.

INCLUDED IN YOUR ENROLLMENT PACKET (also available for download online)

- Letter from Teacher Scott (an updated letter will come out soon!)
- 2022-2023 Enrollment Form
- Certificate of Immunization
- Medical Consent Form
- Parent Agreement Form

You may email electronic copies of the forms or hard copies to the address below. Don't forget to include the start-up fee if you wish to guarantee your spot.

Email electronic copies to: Sami Guhlke at growinggorillascoop@gmail.com

Mail packet and check (payable to GGCP) to:

Growing Gorillas Cooperative Preschool

c/o Scott Hopkins
PO Box 754
Davenport, Wa 99122

TUITION

The following rates will apply for the 2022-2023 school year:

\$125 Monthly Tuition (May Tuition due as part of registration)

\$75 Supply Fee (due as part of registration)

- ❖ Donation of sanitizing wipes or Lysol spray would be greatly appreciated, but not required.

Tuition payments are **due the fifth day of each month**, starting in September. Please refer to your GGCP Parent Handout (which you will obtain the evening of Parent Orientation) for more information regarding tuition payments.

- ❖ You may pay the \$200 initial enrollment (last month tuition + supply fee) then \$125 monthly thereafter **OR** pay in full for the year for \$1,000.

Thank you for your interest in our program. We are excited about this year and look forward to getting to know all of you and your children. Please feel comfortable contacting us with any questions or concerns you may have throughout the year.

Sincerely,
Sami Guhlke
Executive Board President 509.995.5240

Growing Gorillas Cooperative Preschool

Enrollment Form 2022-2023 School Year



Child's Full Name: _____

Name by which child prefers to be called, if different from above: _____

Child's Birth date (including year): _____

Child lives with (mother, father, guardian, both parents, etc.): _____

Mother's Information (or Primary Guardian)

Name: _____

Mailing Address (city, state, zip): _____

Physical Address: _____

Home Phone: _____ Cell Phone: _____

Occupation/Employer: _____

Work Phone: _____

Email Address: _____

General hours of work that would overlap with preschool times: _____

Father's Information (or other Guardian)

Name: _____

Mailing Address (city, state, zip): _____

Physical Address: _____

Home Phone: _____ Cell Phone: _____

Occupation/Employer: _____

Work Phone: _____

Email Address: _____

Child's Information

Does your child have any developmental or health problems that might affect their participation in preschool?

List any regular medications your child takes and any side-effects relevant to their behavior or participation in preschool?

List any allergies (food, medications, etc.): _____

How does your child feel about attending preschool? What does he/she wish most to experience at preschool? _____

What are your expectations for your child's preschool experience? _____

Does your child have siblings? If so, please list first names, gender and ages: _____

Does your child have any pets? If so, please list animal type and names: _____

Does your child have any specific fears? _____

What calms your child when upset? _____

Do any parent helpers have any disabilities or other conditions that GGCP should know about? If so, please explain: _____

Is your child using the toilet without accidents? ___ Yes ___ No

Needs reminding? ___ Yes ___ No

Any other special information regarding family, home situation or your child's wellbeing that we should be aware of relevant to their preschool experience? _____

Thank you for providing this information.

Parent Signature: _____ Date: _____

Note: Children must be three (3) years of age by December 31st, 2022 and completely potty-trained.

GROWING GORILLAS COOPERATIVE PRESCHOOL PARENT AGREEMENT

2022-2023

I agree to enroll my child, _____, in Growing Gorillas Cooperative Preschool.

PARENTS: PLEASE READ CAREFULLY BEFORE COMMITTING TO THESE OBLIGATIONS! IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CALL A BOARD MEMBER.

I understand and agree to the following rules and obligations:

(please initial each statement)

- _____ 1. To **pay the Start-up Fee** of \$200 (Supply fee + last month Tuition). This fee is due at the time of enrollment but no later than prior to the first day of school and is non-refundable.
- _____ 2. To **pay tuition** due by the 5th day of each month from September through April. Payments made following the due date will be considered late, and a \$5.00 per day late fee will be charged each day that it remains unpaid. Tuition *can* increase every school year to account for cost-of-living increases (a minimum of 5% per year).
- _____ 3. To provide a completed **immunization record** prior to the beginning of school.
- _____ 4. To attend the **Orientation Session** at the beginning of the school year. Any person who will parent help during the school year must attend the orientation session. Prior notice will be provided.
- _____ 5. To attend our **three General Meetings** (adults only) over the school year. Prior notice of the meetings will be posted at the

preschool. If I cannot attend a meeting, I will contact the Secretary in advance, get a copy of the minutes after the meeting, and complete a job for the preschool as requested by the board or the teacher.

_____ 6. To volunteer to the best of my ability for classroom **parent helping**. If I'm scheduled as a Parent Helper, I will arrive at the classroom by 8:15 AM. I understand that if I cannot help on one of our family's scheduled days, the Parent Helper Scheduler will provide me a list of alternative volunteer Parent Helpers.

_____ 7. To **participate actively** as a member of one of the preschool's **job** committees or in a leadership (board) position.

_____ 8. To contribute significantly to the planning of the Auction and to participate in at least one other fundraiser.

_____ 9. To help with **school maintenance** and participate in other school support activities as reasonably requested by the Board of Directors.

_____ 10. To give **30 days' written notice**, or pay an additional month's tuition, if withdrawal of my child becomes necessary. Exceptions may be made by the Board of Directors.

In addition, by signing this agreement I hereby represent that I have never been convicted of nor am I under indictment for any crime involving violence or force or sex-related crimes involving a minor.

This agreement is for one school year, September 6, 2022 to May 25, 2023.

Signature of Parent or Guardian _____

Date _____

I give permission for my child to be photographed for use on the school's web page & other publications.

Yes _____ No _____

GROWING GORILLAS COOPERATIVE PRESCHOOL
Consent to Medical Care and Treatment of Minor Children

I _____ (the natural parent or legal guardian) hereby give permission that my child _____, may be given emergency treatment to include first aid and CPR by a qualified child care staff member at **GROWING GORILLAS COOPERATIVE PRESCHOOL**.

I further authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Parent/Guardian Name (**Print**) _____

Parent/Guardian (**Signature**) _____

Date _____

Certificate of Immunization

Please fully fill out the attached Certificate of Immunization for your child. Other options are, requesting a Certificate of Immunization from the Lincoln County Health Department at (509) 725-1001, or getting immunization records from: <https://doh.wa.gov/you-and-your-family/immunization>. Please have this portion completed prior to school starting.