Great Days Early Education Center, Inc.

Introduction

Great days Early Education Center is a private, non- profit school and childcare center that has served local families for over 25 years. We believe in programs that work for parents who work. Our childcare and preschool program is housed at Great Days Early Education Center. Our After- School Programs for children ages 6-11 years are locate Great Days Early Education Center.

Our program for children ages 2 1/2 – 5 years offers a warm, stimulating, caring environment with a learning focus. Our goal is to develop school readiness so that our “graduates” have the skills they need for a successful transition to elementary school. We provide a beginning preschool, a pre-kindergarten, before and after school care and a recreational summer program. The classroom schedules balance active and quiet activities, structured and free choice activities, individual and group activities, with meal, recess and nap time. A hot breakfast and lunch are provided for the extended - daycare child. Incorporated in all of our activities are the following beliefs:

· Children learn best in the context of a caring relationship.

· Children develop learning skills at different times and require a variety of teaching styles to meet their learning needs.

· Education is a partnership between parent and teachers.

· Children’s perceptions, opinions and feelings deserve to be acknowledged and respected by those around them.

· Effective teaching balances teacher-directed and student-directed activities and structured and less structured activities.

· There is an orderly sequencing of skill development, requiring the teaching of pre-skills upon which new skills are based.

· Curriculum should include the following areas: language arts, numbers and mathematical reasoning, science, creative arts, large and small motor development, music, social skills and community awareness.

· Children develop a positive attitude towards structures learning situations when they experience it as fun and rewarding and when they experience success.

· Developing increased social skills is some of the most important work of a preschooler.

· Equipping children with strategies and skills for solving their own difficulties is an important task for the teacher, requiring appropriate modeling and practice through repetition.

If you have any question, please visit the program or give us a call. We are here to work with you and for you.

Great Days Early Education Center Inc.

403 North River Road

Cottage Grove, Oregon 97424

541-942-74

**Great Days Early Education Center Inc.**

**Pre-School Parent Agreement**

|  |  |
| --- | --- |
| CHILD’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Beginning Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| My child will be attending: |  |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A. Full-Day/ Month** | **A**    Full | B  ½ 5 Hours | | PRE-SCHOOL  9-12:00 | |
| **5-days/wk** | **$825** | **5-days/wk** | **$535** | **5-days/wk** | **$310** |
| **3-days/wk** | **$625** | **3-days/wk** | **$420** | **3-days/wk** | **$235** |
| **2-days/wk** | **$475** | **2-days/wk** | **$300** | **2-days/wk** | **$200** |

**Payment:**

I agree to pay the monthly tuition for my child’s enrollment program indicated above. I understand a late fine of $10 will be imposed on the 11th of each month and that my child(ren) will be disenrolled the following Monday if tuition is not paid. Re-enrollment depends on available space. I understand that I am expected to keep payments up-to-date. I agree to pay any necessary collection costs and attorney fees if payments are not made as agreed. I may avoid disenrollment and/or collection by making arrangements in advance. It is my responsibility to initiate contact in this manner.

I agree to pay a **$150.00** fee for enrollment once a year.

**Absences, Vacations, and Disenrollment:**

 **I understand that I will be paying tuition for the slot my child is scheduled to be in attendance and agree to pay for days absent in order to hold space in the program. No make up days will be allowed.**

 **I understand that I will be given a one time, one week, per year vacation time discount if I am a full year family; if a two-week notice has been authorized by the office.**

 **I understand that any changes to my child’s schedule requires notice to the pre-school staff and program.**

**This pre-school program reserves the right to refuse enrollment under circumstances deemed fit by the sponsoring agencies.**

I have read and understand the above-mentioned Policies and Procedures. I agree to keep all the information in my child’s file current, accurate, and up-to-date.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

Enrollment fee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tuition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GREAT DAYS EARLY EDUCATION CENTER INC**

**INFORMATION AND AUTHORIZATION FORM**

NAME OF CHILD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NICKNAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIRTHDATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHILD’S AGE\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) or Guardian(s) can be reached during the day:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_

Work Hours\_\_\_\_\_\_\_Work Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_

Work Hours\_\_\_\_\_\_\_\_\_\_Work Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Arrangements\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Dentist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_

What hospital do you prefer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_

Who is authorized to pick up your child? Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_

Who is authorized to pick up your child? Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_

PERMISSION IS GIVEN TO THE CHILD CARE FACILITY FOR THE FOLLOWING:

1. In an emergency, Great Days has my permission to call an ambulance or to take my child to any available physician or hospital at my expense in an emergency. Great Days has my permission to obtain medical treatment for my child, except for these restrictions. List if applicable\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. My child may be given prescribed medicine if I fill out a medication form
3. My child may be given non-prescribed medicine if I fill out a medication form
4. My child may be taken on field trips or excursions by bus or private motor vehicle under required supervision.
5. My child may participate in swimming or other water activity on site.
6. My child may have sun screen applied while playing outside.
7. My child may be photographed for publicity or news purposes

Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_

Has your child had previous experience in Day Care? ( ) Yes ( ) No

My hours at the Day Care Program will be:

MONDAY\_\_\_\_\_\_\_\_\_\_\_\_ TUESDAY\_\_\_\_\_\_\_\_\_\_\_\_\_ WEDNESDAY\_\_\_\_\_\_\_\_\_\_\_\_\_

THURSDAY\_\_\_\_\_\_\_\_\_\_\_\_\_ FRIDAY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give only information concerning you child which will help us give better care.

Briefly describe your child (Physical appearance, personality, abilities)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eating Habits and Schedule\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Toilet Habits\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you toilet training \_\_\_\_\_\_\_\_\_If so what are you doing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sleeping Schedule and Habits\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fears\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Favorite Activities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Likes and Dislikes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child had: Chicken-pox yes ( ) no( )

Does your child have any allergies yes ( ) no( )

Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are allergies or other health problems serious enough to restrict your child’s activities ( ) yes ( ) no Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other children in household

Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ age \_\_\_\_\_\_\_\_\_ sex\_\_\_\_\_

Name of Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_age\_\_\_\_\_\_\_\_\_\_sex\_\_\_\_\_

Name of Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_age \_\_\_\_\_\_\_\_\_ sex\_\_\_\_\_

How did you hear about Great Days? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If receiving AFS, Case worker’ s name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_