**REGISTRATION PACKET CHECKLIST**

2019 – 2020

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parents,

Please check to make sure that all registration materials have been read and filled out completely. Check to see if all necessary documents listed on this form are included when you return your application and all other forms along with this document.

\_\_\_\_\_\_\_ Admissions Agreement / enrollment application

\_\_\_\_\_\_\_ Program Fees and Program Schedule

\_\_\_\_\_\_\_ Program Philosophy

\_\_\_\_\_\_\_ Permission Agreement and Medical Emergency Release Form

\_\_\_\_\_\_\_ Parent/Teacher/School Contract

\_\_\_\_\_\_\_ Parents and Children’s Rights

\_\_\_\_\_\_\_ In the event of an emergency

The following documents were turned in with the packet, as checked by the parent.

( ) All of the items listed above were checked off by the parent, as having been received.

( ) Documents in the enrollment application that were not turned in. Pages: \_\_\_\_\_\_\_\_\_\_.

[](https://www.google.com/imgres?imgurl=http://www.mysjp.org/Preschool/2014-15%20parent%20handbook_files/image001.jpg&imgrefurl=http://www.mysjp.org/Preschool/2014-15%20parent%20handbook.htm&docid=_48VyJzwtp7BKM&tbnid=doulqGF56MdbnM:&vet=1&w=426&h=480&hl=en&bih=605&biw=1330&q=preschool%20crisis%20management%20plan&ved=0ahUKEwjt4dSyxpbSAhVG5CYKHda8Bt44ZBAzCCEoHjAe&iact=mrc&uact=8)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**GRANDMA’S HOUSE PRESCHOOL AND FAMILY RESOURCE CENTER**

226 South Blackstone – Tulare, Ca 93274

Grandmas-house.org

(559) 631-4200 or (559) 687-0925

Enrollment Application 2017 - 2018

EN

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_ Age \_\_\_\_\_

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number \_\_\_\_\_\_\_\_\_\_\_\_\_

Street City Zip

Father’s Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone \_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number \_\_\_\_\_\_\_\_\_\_\_\_\_

Street City Zip

Mother’s Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone \_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Basic Service Offered:**

1. Grandma's House Preschool will provide a developmentally appropriate experience for the whole child, enhancing their social, emotional, cognitive, physical and creative development.

1. The center is open from 7:45 A.M to 5:00 P.M. Monday through Friday

3) A morning and afternoon snack will be provided. A USDA nutritional lunch will be served.

1. Parent/Teacher conferences will be scheduled twice a year. Once in the Fall and once

in the Spring. If additional conferences are requested they must be scheduled with

the Teacher/Director.

1. No additional services are provided.

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**GRANDMA’S HOUSE PRESCHOOL AND FAMILY RESOURCE CENTER**

**LICENSING:**

1. The department of Licensing Agency shall have the authority to interview children or staff and to inspect and audit child or facility records without consent. The licensee shall make provisions for a private interview with any child or any staff member and for the examination of al. records related to the operation of the facility.
2. The department of Licensing Agency shall have the authority to observe the physical condition of child(ren) including conditions which could indicate abuse, neglect, or inappropriate placement and to have a licensed professional examine the child(ren).

**TERMINATION:**

1. In the event this agreement needs to be terminated, a 14 day written notice needs to be submitted to Grandma’s House office.

**GROUNDS FOR TERMINATION:**

Termination is the permanent removal of a student from the late-school. A student maybe terminated for continual misconduct (after being on probation) or for a serious misconduct (i.e. fighting that inflicts or intend to inflict injure, and or possession of dangerous objects, etc.)

1. In the event of termination, the student’s parents or guardian will be notified by letter of the possible termination, of what pattern or behavior has led the preschool to determine that termination is appropriate and what evidence had led to the conclusion.
2. A conference will be held where the parents, the student, the director and appropriate school personnel will be present.

I have read the above agreement and understand its content. I have also received a copy of the preschool’s handbook/policies and agree to follow all the rules and stipulations.

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

(Parent/Guardian’s Signature) (Date)

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2017 – 2018 Programs Fees and Payment Schedule

**PLEASE CHECK THE PROGRAM YOU ARE REQUESTING:**

Classes Program

\_\_\_\_\_\_\_ 3 AND 4 year olds \_\_\_\_ 5 Full Day M-F 7:45 – 5:00

\_\_\_\_ 3 Full Day MWF 7:45 – 5:00

\_\_\_\_ 2 Full Day TTH 7:45 – 5:00

\_\_\_\_\_\_\_Half Day Enrichment \_\_\_\_ Half Day A.M 8:00 – 12:00

\_\_\_\_ Half Day P.M. 2:00 – 5:00

**Enrichment Program/ Half Day Program**

**8:00 – 12:00 or 2:00 – 5:00**

5 days a week $475.00 per month

3 days a week $350.00 per month

2 days a week $250.00 per month

**Full Day Program 7:30 – 5:0030**

5 days a week $575.00 per month

3 days a week $400.00 per month

2 days a week $285.00 per month

There will be a $25.00 registration fee due upon receipt of child's registration packet, this may be deducted from the first month's tuition upon payment of said month.

**Fees for Fee Based Preschool**

Registration is done on a yearly basis.

Grandma’s House accepts only money orders or cashier checks for monthly tuition cost. The monthly fee is due on the first day of each month for services provided in that month. There is a five day grace period, which would give you five days after the first of the month to make your payment. In both the full-day and the half day programs, parents may be late twice, past the five day grace period; however, during this time (the five day grace period) your child will not be allowed to attend preschool, until payment is made. And you may jeopardize your child’s place.

All payments are to be made payable to the Grandma’s House- A Vision of Hope. Payments may be given to the director. Grandma’s House does contract with Resource and Referral for subsidized care and also Welfare to work programs. It is the parents’ responsibility to secure their subsidized funding.

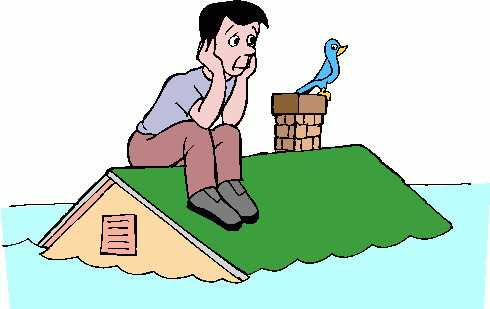
I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to pay Grandma’s House Preschool $ \_\_\_\_\_\_\_\_\_ per month and in accordance with tuition requirements in the care and enrichment of my child (ren). I understand my monthly payments are due on or before the 5th of the month. I acknowledge that a late fee of $25.00 will be attached if tuition is not received by the 5th of each month.

Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Permission Agreement and Medical Emergency Release Form 2017 – 2018**

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I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school.

I hereby grant permission for my child to be included in evaluations and pictures connected with the school program.

I hereby grant permission for the Teacher Director, or a staff member of Grandma’s House Preschool to take all steps necessary to obtain emergency medical care for my child if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact parent or guardian.
2. Attempt to contact parent or guardian through person listed on emergency form.
3. Attempt to contact child’s physician.
4. If we cannot contact you or your child’s physician, we will do any or all the following:
5. Call another physician
6. Call an ambulance
7. Have the child take to an emergency hospital
8. Any expenses incurred under item #4 above will be borne by the child’s family.

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

MOTHER OR LEGAL GUARDIAN DATE:

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

FATHER OR LEGAL GUARDIAN DATE:

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**PARENT /TEACHER/SCHOOL CONTRACT**

As a parent of Grandma’s House Preschool, I understand that I am joining into a partnership with the school and its staff to create a healthy growing and learning environment for my child and all the children who attend here. I understand that the Board of Directors, Preschool Director and teaching staff of the school are working to provide a quality education for my child and that I must do all I can to support them, the program, the philosophies and the school environment by:

1. Making my tuition payments on time.
2. Attending all school meetings
3. Attending parent/teacher conferences twice a year
4. Reading and posting the school calendar in a prominent place and being aware of days off, minimum days, parent handbook policies/procedures and understand and follow the rules of the school.
5. Making sure that my child eats a healthy breakfast each morning, gets a good night’s sleep and is provided with a healthy lunch.
6. Participating in School programs such as:
7. Volunteering a minimum of 10 hours of service time per school year helping in the classroom, assisting teachers with materials preparation, building things for the school or school maintenance.

**Personal Information release:**

The Director and Office Manager may include my name, address and phone number on the class roster as I have written below.

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

Child’s Name D.O.B Parents’ Names

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

Home Address City Zip Home Phone Cell Phone

I understand that Grandma’s House use videotapes and pictures that are taken throughout the year for school promotion, scrapbooks, photo albums and other school events. I give my permission for pictures of my child at work and play to be included.

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

Signature of Parent Date:

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