

# God's Garden Child Development Center

## Registration Form

### 2018-2019 School Year

**\*A non-refundable Registration Fee must accompany this form in order to complete your registration.**

I have read, understand, and agree to adhere to the GG CDC childcare program and payment policies (see back).

Program Preference Mark the appropriate age (must be of age on or before Aug. 31)	Programs Offered Morning Preschool 8:45-11:45am *Extended hrs are 8:45-1:45 on days/classes indicated	Monthly Payment	15% Sibling Discount
Age ____ Birthdate _____	Toddler 2's T/Th morning	\$260	\$221
Age ____ Birthdate _____	Toddler 2's MWF morning	\$315	\$267
Age ____ Birthdate _____	Preschool 3's MWF morning	\$300	\$255
Age ____ Birthdate _____	Preschool 3's TWTh morning	\$300	\$255
Age ____ Birthdate _____	Pre-K 4's MWF morning	\$310	\$263.50
Age ____ Birthdate _____	Pre-K 4's TWTh morning *extended T/Th *	\$380	\$323
Age ____ Birthdate _____	Pre-K 4's ANY 4 DAYS morning *extended T/Th *	\$400	\$340
Age ____ Birthdate _____	Pre-K 4's MTWTHF morning *extended T/Th *	\$425	\$361
<b>*Non-Refundable Supply Fee - Per Child – due with 1<sup>st</sup> Month's Tuition</b>		<b>\$80</b>	<b>N/A</b>
<b>*Registration Fee – Per Family – Returning Families</b>		<b>\$100</b>	<b>N/A</b>
<b>*Registration Fee – Per Family – New Families</b>		<b>\$120</b>	<b>N/A</b>

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Office/alternate Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_

Current Place of Employment: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Horizon Church Member \_\_\_\_\_ Current Student \_\_\_\_\_ New Student \_\_\_\_\_

### **FREE REGISTRATION T-SHIRT ORDER FORM**

Every child that registers will receive a free God's Garden T-shirt!

T-shirt size \_\_\_\_\_

(Sizes: Youth XS, Youth S, Youth Med, Youth L)

## **God's Garden Child Development Center 2018-2019 Parent Participation Agreement**

**Please read and initial the following statements. If you have questions, please do not initial any item until you have had your question answered by the GGCDC staff and understand it completely.**

- \_\_\_\_\_ I understand that all programs are based on meeting minimum enrollment requirements.
- \_\_\_\_\_ I understand that I must maintain updated medical information annually and be current on all immunizations required by the Department of Health Services.
- \_\_\_\_\_ I understand that registration fees and paid tuitions are non-refundable and non-transferable under any circumstance. Registration fees cover the cost of Chapel t-shirts, Administrative fees, Licensing fees, and Teacher Training.
- \_\_\_\_\_ I understand that a non-refundable supply fee applies to each child and is due with 1<sup>st</sup> month's tuition. Supply fees help us maintain the level of child-centered, high-quality care that sets us apart. They are used to purchase consumable supplies for your child's classroom including, but not limited to paint, paint brushes, paper, crayons, markers, glue, glitter, and other supplies.
- \_\_\_\_\_ I understand that tuition is due on the 1<sup>st</sup> of each month, August – May. Tuition is late if received after the 5<sup>th</sup>. I understand that I will be assessed a \$15 late fee for payments received or postmarked after the due date and \$15 late fee for NSF checks.
- \_\_\_\_\_ I understand that I may mail or hand deliver my check made out to God's Garden to the church office or classroom in order to meet the deadline.
- \_\_\_\_\_ I acknowledge receipt of the Parent Handbook and Parent Information Packet. I understand it is my responsibility to read and understand all the information provided to me by GGCDC.
- \_\_\_\_\_ I understand that GGCDC is not responsible for providing a year-end total of child care expenses. We will provide a Tax ID number and monthly receipts upon request.
- \_\_\_\_\_ I understand that my child will be released ONLY to those individuals whose names are listed on the DHS health form. I understand it is my responsibility to add any additional approved individuals to the DHS health form before your child will be released to them.
- \_\_\_\_\_ I understand that my child will be released from the program if he/she cannot benefit from the program or presents a danger to self or others as determined by teacher(s) and Director.
- \_\_\_\_\_ I understand that a 30-day paid notice is required if I decide to withdraw my child from the program after an initial two-week trial period. Withdrawals must be done in person with the Director. A withdrawal form must be completed 30 days prior to my child's last day. Registration fees and paid tuition cannot be pro-rated or refunded under any circumstance.
- \_\_\_\_\_ I give God's Garden my permission to use my child's photograph for classroom purposes.
- \_\_\_\_\_ I give God's Garden my permission to use my child's photograph for Facebook (no tagging).
- \_\_\_\_\_ I give God's Garden my permission to use my child's photograph and/or name for publicity purposes.

Yes/No My family attends worship services on a regular basis. Name of Church: \_\_\_\_\_

Parent Signature \_\_\_\_\_

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