



GOSPEL GARDEN LEARNING CENTER

Childs name: _____ Gender _____ Birth date: ____/____/____

	Mother	Father
Name:		
Home Address		
Employer & Number		
Email Address:		
Work Ph Number		
Cell Ph Number		

Person with whom the child lives: _____

Child's Physician: _____ Phone Number: _____

Preferred Hospital: _____ Phone Number: _____

Individuals to contact in case of an emergency:

_____ Ph #: _____

_____ Ph #: _____

_____ Ph #: _____

Does your child have any food allergies? No Yes _____

Does your child have any dietary restrictions? No Yes _____

Does your child have any special needs? No Yes _____

Does your child receive any special services? No Yes _____

Will your child receive services at our center? No Yes _____

Name of service provider and frequency: _____

Do you give GGLC permission to take photos of your child at various school events and post them on social media? No Yes

.....

My child has permission to be released to the following individuals or transportation services in addition to the emergency contact persons listed above (Please notify all individuals that they may be asked to show proof of identity)

Name	Relationship



The fee for childcare at GGLC is _____ per week for my child _____.
Childcare services begin on _____ (date) from _____ (a.m.) - _____ (p.m.)

- I agree to be responsible for the \$75 non-refundable enrollment fee on or before the date of enrollment.
- I agree to pay tuition every Monday.
- I agree that If I do not pay tuition by Wednesday, I will pay the \$20/day late fee.
- I agree to pick my child up on time—if I am not here by closing, I agree to pay \$10/Minute late
- I understand my child will be dismissed if I do not provide the center with a current immunization certificate within 30 days of enrollment.
- I understand that I MUST give a 2 week notice if I decide to take my child out of the center for any given reason. If no 2-week notice is given, tuition must be paid in full for 2 weeks.
- I understand that my child is in a 60 day probation period during the first couple months of enrollment to allow teachers and the director to assess the child's behavior and how he/she is acclimating to the childcare setting.

I authorize this program and its representatives to get emergency medical treatment for my child if necessary.

Parent Signature: _____ Date: _____

TUITION:

Infants: \$175/week
12 months-2 years- \$170
Toddlers (2-3 years) - \$170
Preschool (3-5 years) - \$165

Lunch Requirements:

1 Protein
1 Grain
1 fruit/1 vegetable or 2 vegetables
Dairy (School provides milk)