

The Gathering Academic Preschool



Registration Instructions

1. Complete all sections of the registration packet.
2. Be prepared to make check payable to The Gathering Academic Preschool (The GAP) for the appropriate registration fee.
3. If we do not have space available in the program you request, we will put you on our waiting list and call you as soon as space becomes available.
4. Bring your child's immunization records, school physical, original birth certificate or other proof of identity (birth registration card, passport, hospital notification of birth), and emergency form to the school office **on or before** their first day of school. We will not be able to complete your packet until we receive all paperwork.
5. If you are a new to The Gathering Academic Preschool we will need to schedule a 30 minute new parent orientation prior to your child's first day of school. This will allow us to review all paperwork and go over a few things together.

God Bless,
Stacy Fitzpatrick
Executive Director

Child Registration Form

(Immunization Records, School Physical, and Birth Certificate Must be turned in prior to the 1st day of school.)

For Office Use Only:	Date of application: Teacher/Program: Registration Paid:	Date of Entry: Last Day attended:
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Please Check program(s) enrolling in:

	Program	Check box and Circle Days	Hours
<input type="checkbox"/>	Infant	2 day M T W T H F	7:00-12:00
<input type="checkbox"/>	Waddler	3 day M T W T H F	7:00-4:00
<input type="checkbox"/>	Pre-Children's House	5 day	7:00-6:00
<input type="checkbox"/>	Children's House		9:00-12:00
<input type="checkbox"/>	Afterschool (Newton Only)		9:00-4:00
<input type="checkbox"/>			9:00-6:00

Student Information

Student's Name:	Name child prefers to be called:	Age:	Sex:
Date of Birth:			
Home Address:			
Please list the names of school/daycare centers previously attended:		If your child will be attending The GAP and another school/program, please give the name of the other school/program and grade:	
Church Family Attends:			

Parents/Guardians Information

Mother:	Place Employed:	Business Phone:	Email Address:
Home Address: (If different)	Home Phone:	Cell Phone:	
Father:	Place Employed:	Business Phone:	Email Address:
Home Address: (If different)	Home Phone:	Cell Phone:	

Person(s) or Agency Having Legal Custody of Child if other than parent listed above:	Business Phone:	Email Address:
Home Address:	Home Phone:	
Business Address:	Cell Phone:	

Agreements

1. I/We hereby **give** permission for the above named child to participate in field trips with the school. I understand that I will be notified prior to a scheduled field trip, and will be given information regarding transportation, destination, special lunch or food arrangements, arrival and departure time. I hereby release The Gathering Academic Preschool, its employees and agents from any and all liability for injuries sustained by my child while preparing for, going to, participating in, or returning from said field trips.
2. I/We hereby provide consent for The Gathering Academic Preschool and its principal affiliates, permission and authorization to use or include photographs or any other re-produced images of the minor child named hereinabove in or on any _____ brochures, advertisements, announcements, websites, or other public media which it so chooses, *(initial if you agree)* _____ newsletters, CD photo-yearbooks, video recordings for yearbooks, plays and special events *(initial if you agree)* _____ closed classroom Facebook page which will only have family members of students enrolled in that class and staff of The GAP. *(initial if you agree)*
I understand and agree that neither my minor child nor I shall be entitled to any compensation for the use of the same and agree not to demand or otherwise seek the same from The Gathering Academic Preschool and its principals or affiliates. I waive any and all claims that I may have against the school in connection with the same, whether such claim is a currently existing or future claim, known or unknown. I agree that this authorization shall not expire and shall continue indefinitely whether or not my minor child is a student at The Gathering Academic Preschool at the time that any photography or re-produced image is published, released or circulated.
3. I/We hereby provide my consent for The Gathering Academic Preschool to print my child's name, parent's name, email address, and phone number in a class directory. This directory will be given only to staff members of the school. It will not in any way be sold or distributed to any company for solicitation purposes.
4. I/We acknowledge and understand The Gathering Academic Preschool, makes no claim or representation of being allergen free. I further understand my child may be exposed to allergens which may include dust, pollen, pet dander, tree nuts, peanuts, shellfish, dairy, wheat, eggs, soy, and other allergens. By signing this form, I understand The GAP continually strives to provide a safe environment for all children at the school. The GAP provides notices to families, teacher training, and makes reasonable efforts to provide a safe environment for any child with sensitivity to allergens within the scope of our philosophy and curriculum, including mandatory cleaning policies. I agree that I have had the opportunity to communicate the needs of my child with the Executive Director or Assistant Director, and I willingly enroll my child in The Gathering Academic Preschool. In accordance with public policy, with the exception of cases of willful misconduct and wanton negligence, I fully release The Gathering Academic Preschool and its employees, agents, principals, shareholders, officers and/or directors from claims, suits, actions, or assertions for or in connection with incidental exposure to allergens which results in injury, harm, allergic reactions (both fatal and non-fatal) that my child (name above) may suffer as a direct or indirect exposure to allergens.
5. I agree to allow The Gathering Academic Preschool to post any know allergies my child may have in the classroom. I realize that other parents may see this list.
6. I/We agree to hold The Gathering Academic Preschool harmless for any harm that my child/ren may experience while under the care of any staff you employ as a childcare provider outside of The Gathering Academic Preschool.
7. I/We understand I must provide any necessary emergency medications and the required Virginia Department of Social Services forms to the school for my child in order for the same to be administered to my child in the event of an emergency.

Signature of Parent/Guardian

Date:

Program Information

To ensure an understanding and acknowledgement of program information, please review each item below and initial:

_____ Staff will attempt to notify me whenever my child becomes ill, has behavior issues, or in situations of emergency or inclement weather. I will arrange to have my child picked up within one hour of notification.

_____ If my child or someone in my household comes down with a reportable communicable disease, I/We will notify staff within 24 hours so they can notify the parents of other students and the local health department when necessary (all names will remain confidential).

_____ Tuition is due prior to attendance. I/We are aware of the specific tuition fees and deadlines for the registered program. Late payments will be assessed a fee and could result in the child being unable to attend programs.

_____ I/We understand that the termination/withdrawal policy of The GAP requires a two week written notice. If proper notice is not provided I will be responsible for the tuition fees.

_____ I/We have reviewed the contents of the Parent Handbook and will comply with all its contents.

I/We hereby certify that all information noted above is correct and true. I/We understand the financial commitment involved in enrollment at The Gathering Academic Preschool. In addition, I agree to meet the financial commitment to The Preschool and to abide by the policies and procedures set for in the Parent Handbook.

Signature of Parent/Guardian

Date:

**OFFICE USE ONLY
IDENTITY VERIFICATION**

Place of Birth	Birth Date	Birth Certificate Number	Date Certificate Issued
Other Document Viewed	Date Document Viewed	Name and Title of Person Viewing Form	

Date of Notification of local law enforcement agency if proof of identity is not provided: _____

Proof of child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician, midwife record), passport, copy of placement agreement or other proof of the child's identity from a child placement agency, record from public school in Virginia, certification by a principal or designee of a public school in the U.S.A. when a certified copy of the child's birth record was previously presented, or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent.

Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the school assumes responsibility for the child directly from the public school or the school transfers responsibility of the child directly to the public school. While programs are not required to keep proof of the child's identity, documentation of viewing this information must be maintained for each child.