

1736 Sever Rd 678-883-  
5437 Lawrenceville, GA  
30043

www.gcckids.org



**GCC KIDS  
PRESCHOOL**  
*Loving, Sharing, Learning, Growing*

For office use only:

Date received:

Registration Fee:

Immunization Records:

Allergies:

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Sex: M F

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Church Home: \_\_\_\_\_

Address: \_\_\_\_\_

City and Zip: \_\_\_\_\_

Who does child live with? \_\_\_\_\_ Primary Language: \_\_\_\_\_

Name and ages of siblings:

\_\_\_\_\_

Mother: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How did you hear about us?  Facebook  Yelp  Postcard Mailer  Referred by Friend  
 Other

Including the mother & father listed above, the following persons may pick up my child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address:  
\_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Medical and Dietary Information

Child's Name: \_\_\_\_\_

Is your child allergic to any medications?  yes  no If yes, what? \_\_\_\_\_

Is your child allergic to any foods?  yes  no If yes, what? \_\_\_\_\_

Does your child have any known allergies, physical problems, mental disorders, or developmental disabilities which would limit his or her participation in the pre-school's programs and activities?  yes  
 no If yes, please list: \_\_\_\_\_

Child's Primary Source of Healthcare:

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Person to contact in case parent can't be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### First Aid Permission Form

I, (parent, legal guardian) \_\_\_\_\_ give permission for a GCC Kids Preschool staff member to treat (child's name) \_\_\_\_\_ for minor bumps or scrapes with any of the following:

- |  |  |
|--|--|
| <input type="checkbox"/> Hydrogen Peroxide       | <input type="checkbox"/> Neosporin           |
| <input type="checkbox"/> Calamine Lotion         | <input type="checkbox"/> Antibacterial Wipes |
| <input type="checkbox"/> Bactine First Aid Spray | <input type="checkbox"/> Adhesive Bandage    |
| <input type="checkbox"/> Ice Packs               | <input type="checkbox"/> Sting Relief Stick  |
| <input type="checkbox"/> Benadryl Spray          |  |

### Medical Permission Form:

It is mutually agreed that in the event of an accident or illness of the child while in the care of the GCC Kids Preschool, the GKP shall use its best effort to contact the parent immediately. However, in the event that the parent is not immediately available, the GKP is authorized to secure such care as the situation may reasonably warrant. When the parents cannot be immediately contacted, the GKP will use its best efforts to contact your emergency contact listed above.

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Insurance Company**

\_\_\_\_\_  
**Policy or Group Number**

Class you are registering child for:

\_\_\_2's Class-( must be 2 years of age on or before 09/01/23)

\_\_\_3's Class-( must be 3 years of age on or before 09/01/23)

\_\_\_4's Class-( must be 4 years of age on or before 09/01/23)

**\*\*\*I give my consent for any photos taken of my child to be posted on the pre-school's Facebook page, or to be used for promotional purposes.** \_\_\_\_\_

sign here

## **PARENT AGREEMENT**

I am enrolling my child, \_\_\_\_\_ in the \_\_\_\_ year old class.

I am enclosing the \$225.00 registration fee. I understand that the fee is nonrefundable.

I agree to pay the monthly tuition fee of \$245.00 on the first day of school each month from September through May. I understand that there will be a late fee of \$5.00 if paid after the 5th of each month, and an additional \$1.00 per day after the 10th of the month.

**I understand that if I must withdraw my child from the program, ONE MONTH'S NOTICE is required and I will be responsible for paying one full month's tuition for any portion of a month in which my child attends.**

I understand that if I am late picking up my child, I will be charged a late fee, according to the Parent Handbook.

**I also understand and acknowledge that GCC Kids Preschool is exempt from licensing under the Georgia Department of Early Care and Learning and that the program is not licensed.**

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date