



Registration and Enrollment Form

Child's Name _____ Nickname _____

Home Telephone _____ Date of Birth _____ Male Female

Home Address _____ Town _____ Zip Code _____

Father or Guardian _____

Address (if different from Child's) _____

Home phone (if different from Child's) _____ Cell phone _____

Occupation _____ Work phone _____

E-mail address _____

Mother or Guardian _____

Address (if different from Child's) _____

Home phone (if different from Child's) _____ Cell phone _____

Occupation _____ Work phone _____

E-mail address _____

Names, Ages and Grade Levels of Brothers and/or Sisters

Names of other Schools or Play Groups previously attended

Church or other House of Worship, if currently attending _____

Child Pick-Up Authorization

(2 related, 2 unrelated)

I/We hereby authorize the following person(s) to pick up my/our child,

_____ :

1. Name _____ Relationship _____

Address _____ Town _____ Zip Code _____

Home phone _____ Cell phone _____ Work phone _____

2. Name _____ Relationship _____

Address _____ Town _____ Zip Code _____

Home phone _____ Cell phone _____ Work phone _____

3. Name _____ Relationship _____

Address _____ Town _____ Zip Code _____

Home phone _____ Cell phone _____ Work phone _____

4. Name _____ Relationship _____

Address _____ Town _____ Zip Code _____

Home phone _____ Cell phone _____ Work phone _____

Signature of Parent(s) or Guardian(s) _____

**The following person(s) may NOT pick up my/our child from the Preschool.
(Please attach documentation with explanation and examples.)**

1. Name _____ Relationship _____

Address _____ Town _____ Zip Code _____

Home phone _____ Cell phone _____ Work phone _____

2. Name _____ Relationship _____

Address _____ Town _____ Zip Code _____

Home phone _____ Cell phone _____ Work phone _____

3. Name _____ Relationship _____

Address _____ Town _____ Zip Code _____

Home phone _____ Cell phone _____ Work phone _____

4. Name _____ Relationship _____

Address _____ Town _____ Zip Code _____

Home phone _____ Cell phone _____ Work phone _____

Signature of Parent(s) or Guardian(s) _____

Medical and Emergency Information

The State of Illinois requires your child to have all age-appropriate vaccinations to attend school. A current immunization record with a physician's signature or valid exemption document must be on file.

In case of injury, illness, or another emergency, we will first call the child's parent(s) or guardian(s). If necessary, we will then call the person(s) authorized for pick-up.

In case medical care is necessary, please give information about your Primary Care Physician(s):

1. Doctor's Name _____

Name of affiliated Healthcare Facility _____

Address _____

Phone(s) _____ **or** _____ **or** _____

2. Doctor's Name _____

Name of affiliated Healthcare Facility _____

Address _____

Phone(s) _____ **or** _____ **or** _____

Check if you have listed additional names on a separate sheet.

My child is allergic to these foods or other substances: _____

If an allergic reaction occurs follow these procedures: _____

My child has these physical conditions (epilepsy; foot, heart, or hearing problems; hernia; etc.):

Precautions or procedures to take: _____

Check if there are additional comments or special instructions on a separate sheet.

In the event of a medical emergency, I hereby give my consent for St. Gregory's Episcopal Preschool to arrange for emergency medical treatment necessary to preserve the health and safety of my child and to any hospital or doctor to render immediate care and medical treatment, including diagnostic procedures and blood transfusions, authorized by medical and emergency personnel in their professional judgment. I/We will be responsible for expenses for the care and treatment rendered.

Signature of Parent(s) or Guardian(s) _____

Guidance and Discipline Policies

The Staff of St. Gregory's Episcopal Preschool will only use positive guidance techniques that model and encourage age-appropriate behavior and self-discipline. When problems arise, staff members will facilitate opportunities to cooperate, help, negotiate, and communicate to solve the situation. If necessary, children will be given a time to "sit out" for a short period (no more than 2 minutes after regaining self-control), after which a staff member will review with the child the consequences of their behavior before they are allowed to rejoin the class.

Our staff will never use any method of discipline that would cause any physical, mental, or emotional harm to children. We will advise parents if their children are consistently behaving inappropriately or if their behavior is of such a serious nature as to be potentially dangerous or uncontrollable.

Children who do not respond to guidance and discipline, or are consistently disruptive to the class, will not be allowed to remain in the Preschool, and the tuition for the month in which they are dismissed will be forfeited.

I hereby acknowledge that I have read and understand these Guidance and Discipline Policies.

Signature of Parent(s) or Guardian(s) _____

Photograph Release

From time to time, staff will be taking photographs of the children during day-to-day activities and special events. The photographs may be used in advertising for the preschool, in newspaper stories or on our website.

I give permission for photographs of my child, _____,
to be used in newspaper stories and advertising as the staff of St. Gregory's Episcopal Preschool deems necessary. *Note that for safety and privacy, your child's name will never be printed with any pictures. You will be notified when such pictures would be used.*

Parent Signature _____

I **Do Not** grant permission for photographs of my child, _____,
to be used in any newspaper stories or advertising.

Parent Signature _____

Periodic Trip Permission Form

From time to time, your child may leave the school building to play at the Park District playground, take a walk, or participate in some activity on or off St. Gregory's property. Your child will be appropriately supervised at all times by qualified staff members. Your signature below indicates permission for your child to participate in these activities.

Child's Name _____

Parent Signature _____

Curriculum Agreement

I understand that St. Gregory's Episcopal Preschool operates in the Christian tradition. My child will be exposed to Christian traditions and teachings during the course of the school year in special activities and/or conversations. My signature below indicates my understanding of this portion of the Preschool curriculum.

Parent Signature _____

Late Pick Up Policy

I/We understand that I/we need to make arrangements for my/our child to arrive and leave the Preschool on time. If I/we will be late by more than 10 minutes, I/we agree to notify the school in a timely manner. If I/we will not be able to pick up my/our child within the 10 minute grace period, I/we may be assessed \$1.00 for every minute thereafter to compensate the staff member who will be waiting, with my/our child.

If I/we understand the school has not been notified, staff will call parents 15 minutes after dismissal time. If parents cannot be reached, persons listed as "authorized for pick up" will be called. Staff will continue calling until 30 minutes past dismissal time. I/we understand that if no one can be reached, Deerfield police will be called and my/our child will be turned over to proper authorities.

Parent Signature _____

Enrollment Agreement

I/We hereby enroll my child for the following St. Gregory's Episcopal Preschool program:

- Two Day Morning Program 9:00 a.m. - 11:30 a.m.
- Three Day Morning Program 9:00 a.m. - 11:30 a.m.
- Four Day Morning Program 9:00 a.m. - 11:30 a.m.
- Five Day Morning Program 9:00 a.m. - 11:30 a.m.
- Two Day Afternoon Program 12:30 p.m. - 3:00 p.m.
- Three Day Afternoon Program 12:30 p.m. - 3:00 p.m.
- Four Day Afternoon Program 12:30 p.m. - 3:00 p.m.
- Five Day Afternoon Program 12:30 p.m. - 3:00 p.m.
- Lunch Bunch Program 11:30 a.m. - 12:30 p.m.

My child will attend the following days: _____

I/We understand that the **Registration Fee of \$150.00** that accompanies this Registration and Enrollment is non-refundable, and that each month's tuition is due no later than the first class day in each month. I/We also understand that payments after the 10th of the month will be assessed a **late fee of \$10.00**, and that if there is a recurring problem in paying the tuition on time, or if tuition hasn't been paid by the 15th of a month, my/our child may be withdrawn from the Preschool. I/We understand that a limited number of scholarships are available by application.

I/We agree to the enrollment of our child in St. Gregory's Episcopal Preschool. We have read and agree to comply with the policies and procedures of the Preschool as described above and in the Parent Handbook. We agree to submit tuition as due unless other arrangements have been previously made with the Director. I/We acknowledge that all of the information provided on this Enrollment Form is current and accurate. I/We hereby agree to notify the school in writing if any of the information contained on this Enrollment Form should change during the course of the school year in order that all information may be kept current and accurate at all times. I/We will not hold St. Gregory's Episcopal Preschool responsible if I/we fail to keep this information current and accurate.

Signature of Parent(s) or Guardian(s) _____

Date _____

The State of Illinois requires your child to have all age-appropriate vaccinations to attend school. A current immunization record with a physician's signature (Certificate of Child Health Examination) or valid exemption document must accompany this Form.

Office Use Only Immunization and Medical Histories on file

Date of Enrollment _____

Date of Graduation or Termination _____



SAINT GREGORY'S
PRESCHOOL

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www.stgregoryschurch.org