

Grace Hills Early Learning Center
4320 Pumping Station Road
Mailing Address: P.O. Box 807
Appomattox, VA 24522
Phone: 434-352-2273 Fax: 434-352-4422
Hours: 7:00 AM – 6:00 PM (Monday-Friday)
E-mail: gracehillselec@aol.com

Today's Date _____

Date Started _____

Date Withdrawn _____

Child's Full Name _____ Name Used _____

Date of Birth _____ Sex ____ Present Age _____

Address _____

City _____ Zip _____ Phone _____

Number of Brothers ____ Ages _____ and/or Sisters ____ Ages _____

Father's Name _____ Occupation _____

Father's Physical Address: _____

Social Security Number or Driver's License Number _____

Mother's Name _____ Occupation _____

Mother's Physical Address: _____

Social Security Number or Driver's License Number _____

Name of Employer/Father _____

Address _____

Business Phone _____ Cell Phone _____

Name of Employer/Mother _____

Address _____

Business Phone _____ Cell Phone _____

PARENT'S EMAIL ADDRESS _____

Marital Status

Married ___ Widowed ___ Separated ___ Divorced ___ Single ___

Person(s) having legal guardianship: Parents ___ Father ___ Mother ___ Other ___

Terms of Custody with copy provided to office: _____

Family's Church Affiliation _____ Name of Church _____

Does your child regularly attend Sunday School? _____

Has your child attended a daycare previously: Yes ___ No ___
If yes, please list name and address of daycare or school last attended below:

Name _____ Address _____

Birth Certificate Number:	Place of Birth:	Date Issued:
Person Seeing Document:	Signature:	Date Seen:

In case of **emergency**: At least 2 contact names, **other than parents** are required.
Persons to contact if parent or guardian can not be reached:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Persons with permission to pick child up:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Persons who are **NOT** allowed to pick child up:

Name _____

Name _____

FEES / PAYMENT POLICY

Please check one:

Infant I & II (6 weeks – 17 months)	_____	\$135.00 weekly
Toddler (17 months-2 years)	_____	\$120.00 Weekly
Preschool (2's – 4's)	_____	\$115.00 Weekly
Before or After School Program	_____	\$40.00 Weekly
Before & After School Program	_____	\$55.00 Weekly

A Daycare/Preschool Registration Fee of \$60 is due with this application
OR A School Age Registration Fee of \$30 is due with this application.

This is an annual, non-refundable fee.

Our tuition is a PREPAID SERVICE. Note the following payment schedule:

1. Weekly tuition is due by Tuesday of that week. A \$5 per week late fee will be added to each week payment is not received.
2. Bi-weekly tuition is due by Tuesday of the 2nd and 4th weeks of the month; if there are five weeks in the month, the extra week is also due on the 4th Tuesday. A \$10 late fee will be added to each biweekly period that the payment is overdue.
3. Monthly tuition is due by the 2nd DAY of the month. A \$20 late fee will be added to each week following the 2nd that the payment is late.
4. Returned check fee is \$50.00 plus the \$5.00 service charge charged by the bank.

MY PAYMENT WILL BE MADE: Weekly _____ Biweekly _____ Monthly _____

Childcare schedule desired: School Year _____ Year Round _____

HOURS NEEDED: _____

I understand that I am responsible for payment of the fees, *regardless of whether or not my child is present at GHELC* unless prior arrangements have been made with the director. After my one year anniversary date (enrollment date) I am allowed one week's vacation per year for full time students at no charge. (For more information, see the Parent Handbook or talk with the Director.) By my signature below, I certify that I have read and fully understand and agree to policies and information addressed.

Child's Name _____

Signature: _____ Date: _____

Emergency Treatment



In the event of an illness or accident requiring immediate medical treatment when the parent cannot be reached, I give permission for Grace Hills Early Learning Center personnel who have completed the state required Medication Administration Training to authorize such treatment. I will not hold the Center or the medical personnel responsible. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician, and other persons listed for emergency contact.

Grace Hills Early Learning Center agrees to notify the parent/guardian when their child becomes ill. The parent/guardian agrees to arrange for pick up of their child soon after the ELC calls.

In the event that a major medical emergency arises, 911 will be called first, then the parent.

Name of Child's Physician _____
Phone _____

Does your child have allergies or specific medical conditions?

Yes _____ No _____

If yes, please explain below:

Does your child regularly take any medication?

Yes _____ No _____

If yes, please explain below:

Does your child have an Individual Education Plan that we need to be aware of? If yes, please explain _____

Date _____ Signature of Parent/Guardian _____

Medication Policy



With regard to the child's health and safety, Grace Hills Early Learning Center will only administer medication with written permission from the parent or legal guardian. If a child has medication that should be given 1 or 2 times a day, parents are expected to give the medicine at home. Parents are asked to please inform the child's caregiver/teacher that the child had medicine before attending the Center. Staff can then be on the look out for reactions and side effects that may occur from the medicines. Personality and behavior may also be affected by medications. The parent must complete a release form **each time your child is at the Center and is in need of prescription medication.**

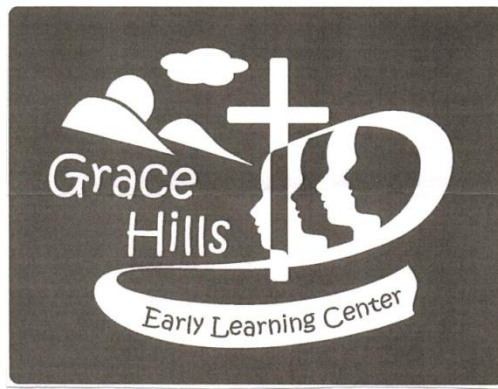
All medications must be in the original containers with label intact, clearly stating the child's name, the name of the medication, and dosage amount. **It is the parent's responsibility to bring in an appropriate dispenser with the medications.** All medications are to be kept in the locked medication cart during the day and sent home daily. The Center will practice the "Five Rights of Medication", the right child, right medicine, right dose, right time, and right method followed by documentation.

If a child has allergies, seizures, or a documented medical condition (other than asthma), that requires leaving epi-pens, Benadryl, etc. at the Center, the parent will provide a doctor's note annually. Written parent authorization must also be on file at the Center.

If a child has asthma, the parent will be asked to provide a current doctor's note and will be asked to demonstrate the proper use of breathing machines, inhalers, etc.

Parents may bring teething gel, ointments for diaper rash, and sunscreen in original containers and clearly labeled with your child's name. Written authorization must be completed and given to the teacher, before the items can be left in your child's classroom for use. This form is good for one year.

If a child is not well enough to participate in all activities, including outside time, then the child should not attend.



It is never appropriate for parents to exhibit inappropriate and aggressive behavior towards teachers, administration, and/or other parents. Simply put, GHELC will not tolerate such behavior. It is never appropriate for a parent or guardian to curse or yell at, aggressively motion toward, threaten in any tone of voice, or demean a staff member or parent. If such behavior is exhibited in the Center or on Center grounds, the GHELC Council has authorized the Director to ban permanently a parent from the Center or unenroll the parent's child from attending the center.

Acceptable Behavior

Polite and earnest questioning of teacher
Open dialogue about care & curriculum
Requesting a meeting with Administration

Unacceptable Behavior

Yelling
Cursing
Any threat

If you have any questions regarding this issue, please do not hesitate to contact the Director.

Acknowledgement of Receipt

I have received notice of appropriate parental behavior _____

Date: _____