

# Gallop's Little Learning Center

Student Name: \_\_\_\_\_

## Price:

- Registration fee \$100.00 / family (Non-refundable)
- Material fee \$150.00 / child annually
- Age classroom (12m – 4 yrs. – Mon. – Fri. 7am – 6:30pm) \$175.00 / week

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Student's Starting Date: \_\_\_\_\_ ELC: Yes: \_\_\_\_\_ No: \_\_\_\_\_

## Method of Payment:

**All payments will be processed through Brightwheel.**

Tuition is billed weekly (each Monday)

Payable every Monday or by the 4<sup>th</sup> each month for that month.

I hereby authorize a draft on the account designated below, not to exceed the amount agreed to by me below, until the balance is paid in full and my child is withdrawn from the program with a **thirty (30) day written notice**.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Are parents separated or divorced? \_\_\_\_\_ Who does the child live with? \_\_\_\_\_

Does your child have any allergies, food restrictions or medical problems?

\_\_\_\_\_

If parents cannot be reached in an emergency situation, the following people should be contacted:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

### SCHEDULE

Please provide the following information:

Typical Drop off time \_\_\_\_\_ Typical Pick-Up time \_\_\_\_\_

Diapers  Yes  No   Pull Ups  Yes  No   Potty Trained  Yes  No

### RECEIPT OF CHILD CARE POLICIES

I have received and understand all the childcare policies provided to me in this registration packet. I agree to adhere to all policies and procedures outlined in this packet. I understand I must return these forms before registration is complete.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name of parent

### PHOTO RELEASE

I, \_\_\_\_\_ will mark the space below to grant or not grant permission of photos of my child to be used in the manner below.

	Grant	Do not grant
Use still photos in promotional materials	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on facility's website	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's bulletin boards, show to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>

### SECURITY CAMERAS

To ensure the safety and security of all children, staff, parents, and visitors, as well as the security of our facility and premises, our center is equipped with a 24-hour video surveillance system. These security cameras are installed in classrooms, indoor and outdoor play areas, and common areas of the facility. Video surveillance is not conducted in private areas of the facility such as restrooms.

Because Gallop's respects the privacy of all children, parents, and staff in our facility, our 24-hour video surveillance system/security cameras are for internal purposes only. Parents are not allowed to view or have copies of the recording. Recordings are only allowed to be viewed by the Administration, and licensing.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date