

Gallop's Little Learning Center – VPK ONLY

Student Name: _____

Price:

- | | |
|---|---------------------------|
| <input type="checkbox"/> Registration fee (wrap and classroom only) | \$100.00 (Non-refundable) |
| <input type="checkbox"/> VPK morning wrap (7:00am – 2:30pm) | \$60.00 / week |
| <input type="checkbox"/> VPK full wrap (7:00am – 6:30pm) | \$135.00 / week |
| <input type="checkbox"/> VPK – 4yrs by Sept. 1st (9:00am – 12:00pm) | \$FREE |

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 due each Monday or paid in full for the month by the 4th.

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designated below, not to exceed the amount agreed to by me below, until the balance is paid in full, and my child is withdrawn from the program with a **thirty (30) day written notice**.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

RECEIPT OF CHILD CARE POLICIES

I have received and understood all of 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 the name of the 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"/>

ATTENDANCE POLICY

I, _____ understand the VPK program requires a total of 540 hours during the school term. I commit to bringing my child to class on time and meeting the state requirements of attendance. I understand I will be required to sign a monthly statement certifying my child's attendance in the program so that payment will be made to Gallop's Family Center, Inc. from ELC. That statement of attendance is shown below.

I, (Name of Parent), swear (or affirm) that my child, (Name of Student) , attended the Voluntary Prekindergarten Education Program on the days listed above and certify that I continue to choose (Name of Provider or School) to deliver the program for my child and direct that program funds be paid to the provider or school for my child.

(Signature of Parent)

(Date)