

# Gallop's Little Learning Center

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

Classroom assignment: \_\_\_\_\_

## Price:

- |   |                           |
|---|---------------------------|
| <input type="checkbox"/> Registration fee (wrap and classroom only) | \$100.00 (Non-refundable) |
| <input type="checkbox"/> Age classrooms (1yr – 4yrs – 7am – 7pm)    | \$148.75/ week            |
| <input type="checkbox"/> VPK morning wrap (7:00am – 2:30pm)         | \$50.75 / week            |
| <input type="checkbox"/> VPK full wrap (7:00am – 7:00pm)            | \$125.25 / week           |
| <input type="checkbox"/> VPK – 4yrs by Sept. 1st (9:00am – 12:15pm) | \$FREE                    |

Parents Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Student's Starting Date: \_\_\_\_\_

## Method of Payment:

- |  |  |
|--|--|
| <input type="checkbox"/> EFT Checking draft    | <input type="checkbox"/> Weekly (Every Monday)       |
| <input type="checkbox"/> Visa/MasterCard Draft | <input type="checkbox"/> Bi-Weekly –start date _____ |
| <input type="checkbox"/> AMEX / Discover Draft | <input type="checkbox"/> Monthly 4th of each 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designated below, not to exceed the amount agreed to by me below, until the balance is paid in full or my child is withdrawn from the program with a **thirty (30) day written notice**.

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

Credit Card Type: ( ) Visa ( ) MC ( ) AMEX ( ) Discover

Card # : \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card: \_\_\_\_\_

Bank Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Drivers License # \_\_\_\_\_

## TRANSPORTATION AUTHORIZATION

I give my permission to Gallop's Little Learning Center, or her/his appointed driver to transport

my child, \_\_\_\_\_ in Gallop's Family Center, Inc. vans.  
(Name of Child)

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

\_\_\_\_\_  
Date

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

## RECEIPT OF CHILD CARE POLICIES

I have received and understand all of the child care 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

Display still photos on facility's website

Display in facility's bulletin boards,  
show to current and prospective clients