

# 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 – 7pm) \$152.00 / 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.**

Weekly (each Monday) or Monthly (4<sup>th</sup>) schedules available. Please circle one.

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designated below, not to exceed the amount agreed to by me below, until the balance is paid in full and my child is withdrawn from the program with a **thirty (30) day written notice**.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

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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"/>