



# The Good Shepherd Preschool & Day Care

2221 Jefferson Davis Hwy., Fredericksburg, VA 22401 (540) 371-7662 preschool@highwayag.org

## 2020-2021 Preschool and Day Care Application

Preschool students must be toilet trained and three years of age on or before September 30, 2020.

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_  
(First) (Middle) (Last)

Child's Home Address \_\_\_\_\_  
(Street) (City) (Zip)

Date of Birth \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Home Phone \_\_\_\_\_

Father/Legal Guardian \_\_\_\_\_ Mother/Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Email \_\_\_\_\_ Home Email \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Church Affiliation \_\_\_\_\_

\* Active Member of Highway Assembly of God is defined as a communing and contributing, confirmed member of the church.

A registration fee must accompany this application. Upon acceptance, the registration fee is non-refundable. Your signature denotes your formal request to enroll the above student in The Good Shepherd Preschool and Day Care. **SIGNATURE REQUIRED ON PAGE 2.**

### 2020-2021 Tuition and Fee Schedule

		Monthly Rates	
		5 Days a Week	3 Days a Week
Preschool (Ages 3-4)	Half Days (8 a.m.-12 p.m.)	\$350.00	\$220.00
	Full Days (8 a.m.-4 p.m.)	\$540.00	\$330.00
Day Care (Grades K-5)	Full Days (8 a.m.-4 p.m.)	\$450.00	\$270.00
Before-School Care	6 a.m.-8 a.m.	\$120.00	\$72.00
After-School Care	4 p.m.-6 p.m.	\$120.00	\$72.00

### Other Fees and Services

Annual Registration Fee	Due upon enrollment (non-refundable)	\$70.00
Annual Activity Fee	Due upon enrollment (non-refundable)	\$70.00
Drop-In Rate*	Per Day (Up to 9 hours)	\$60.00

\*Drop-ins are not enrolled in a daily program, thus are not guaranteed placement. Please call ahead to check for space availability prior to drop off.

## **TERMS AND CONDITIONS OF ENROLLMENT**

The Good Shepherd Preschool and Day Care is a church-sponsored educational ministry of Highway Assembly of God Church in Fredericksburg, Virginia. All Good Shepherd Preschool and Day Care staff members are practicing Christians. Every staff worker is familiar with the policies and procedures of the preschool and day care and receives annual in-service training. All supervisory personnel are required to submit a statement prepared by a licensed physician or nurse practitioner to certify that they are free from disabilities that would hinder their work with children, a criminal and child abuse background check, and are CPR/First Aid trained. Highway Assembly of God carries the appropriate public liability insurance.

A non-refundable registration fee is due at the time of enrollment. If a child has withdrawn and then wishes to re-enter the preschool or day care, a new fee must be paid.

A non-refundable annual activity fee is due upon enrollment and each re-enrollment thereafter to help defray the expense of materials and supplies.

All fees are based on a flat monthly rate, regardless of holidays or any extra vacation days you may choose to take.

Families with more than one child enrolled in The Good Shepherd Preschool and Day Care will receive a multi-child discount of 10% per additional child on tuition and fees for before-school care and after-school care.

A \$50 fee will be charged for all returned checks. After a check has been returned for insufficient funds, future payments will need to be made by cash, money order or credit card.

Your preschool-age child must be toilet trained (no exceptions).

I understand that all required forms must be completed and on file at the preschool and day care before my child may attend.

I agree to support and reinforce the preschool and day care's rules and procedures that concern the health and safety of my child and other children.

I understand that my child must not be left on preschool property without supervision. I agree to walk my child into the preschool and day care each morning and release my child to a teacher/staff member before leaving my child. I understand that no child may be released to anyone except parents/guardians without written permission. I agree to provide a list of all persons authorized to pick up my child.

I understand that no medication will be administered without written permission from parents.

I understand that the Director will notify me whenever my child becomes ill and I agree to pick up my child or make arrangements to have my child picked up by an authorized individual within 30 minutes of notification.

I understand that my child cannot attend the preschool and day care if he/she has any illness that threatens the health of other children. I understand that Health Department regulations concerning periods of infection will be enforced. I understand that my child must be fever and symptom free for 24 hours before returning to school after an illness.

I understand that I am required to inform the preschool and day care within 24 hours or the next business day if my child or any member of my immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately.

I agree to pay my child's monthly tuition and program fees no later than the first of each month, to be applied to the following month. If I have not paid before the third of the month, I understand that I will be charged a late fee of \$35. I also understand that if I do not pick up my child at the end of his/her preschool, day care or after-school care hours for which he/she is enrolled, I will incur a late pickup charge of \$10 per child for each day that I am more than 15 minutes late. I understand that if am repeatedly late, I may be asked to make other preschool or child care arrangements. In the event that my child's tuition account becomes 30 days in arrears, I understand that my child care services with The Good Shepherd Preschool and Day Care may be terminated.

I have read, understood and agreed to the above terms, conditions, requirements and agreements, as indicated by my signature below.

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Date



## STUDENT GENERAL INFORMATION

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

What are your child's favorite toys/activities? \_\_\_\_\_

What is your child's temperament? (circle)    Friendly    Shy    Energetic    Aggressive    Withdrawn

How does your child get along with other children? \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

Is there anything in particular that might anger or upset your child? \_\_\_\_\_

How does your child demonstrate anger or frustration? \_\_\_\_\_

What discipline techniques/strategies do you find to be most effective with your child? \_\_\_\_\_

What do you expect your child to gain from his/her preschool experience this year? \_\_\_\_\_

## STUDENT HEALTH INFORMATION

Any chronic illnesses/hospitalizations/injuries? \_\_\_\_\_

Does your child have any allergies (food, medications, etc)? \_\_\_\_\_

Any special dietary needs? \_\_\_\_\_

Any physical disabilities? \_\_\_\_\_

Any long-term medications? \_\_\_\_\_

Has your child had a hearing, speech or developmental screening? If so, please share outcome: \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_



## MEDICAL HEALTH INSURANCE INFORMATION

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Home Address \_\_\_\_\_

Child's Home Phone \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Subscriber \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Policy Number/Identification Number \_\_\_\_\_

Allergies (including reactions to medication) \_\_\_\_\_

\_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Medication being taken \_\_\_\_\_

Physical or medical conditions \_\_\_\_\_

## EMERGENCY CONTACTS

Who are the nearest relatives or neighbors we should contact if we are unable to reach you at home or work? These are individuals authorized to pick up your children in case of emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

***It is the responsibility of parents to inform The Good Shepherd Preschool and Day Care of any changes or updates to medical health insurance and other information reported on this form.***

### **AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

If I cannot be contacted in an emergency situation, I authorize the preschool or day care staff to obtain emergency medical treatment for my child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



## AUTHORIZATION FOR PICK-UP RELEASE FORM

Name of Child \_\_\_\_\_

The following individuals are ALLOWED to pick up my child from The Good Shepherd Preschool and Day Care.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

The following individuals MAY NOT pick up my child from The Good Shepherd Preschool.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**NOTE:** Any person unfamiliar to the staff of Good Shepherd Preschool and Day Care will be required to present proof of identification. Under NO circumstances will a child be released to any individual other than those listed above without WRITTEN permission from a parent.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

***It is the responsibility of parents to inform The Good Shepherd Preschool and Day Care of any changes or updates to information reported on this form.***



**ANNUAL FIELD TRIP RELEASE/EMERGENCY MEDICAL FORM  
2020-2021**

***This form will be on file at The Good Shepherd Preschool office for the current school year.  
An additional Permission Slip will be sent home prior to each off-campus trip.***

I give my permission for \_\_\_\_\_ to participate in all school-sponsored trips away from the school premises throughout the 2020-2021 school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48-hours' notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by written notice hand-delivered to the director more than one day prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Good Shepherd Preschool and Highway Assembly of God, its affiliated organizations, employees, agents and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to immediately call paramedics and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of these services being provided. I/we also agree to be financially responsible for emergency transportation.

Father/Guardian's Signature	Date	Mother/Guardian's Signature	Date
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Name Printed: \_\_\_\_\_ Name Printed: \_\_\_\_\_

***(If the child lives with both parents, the release must be signed by both parents/guardians.)***



## VERIFICATION OF AUTOMOBILE INSURANCE

I hereby certify that I have appropriate automobile liability insurance.

Policy Holder (Parent's Name) \_\_\_\_\_

Insurance Carrier (company, not agent) \_\_\_\_\_

Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Agent's Name \_\_\_\_\_ Agent's Phone \_\_\_\_\_

We understand The Good Shepherd Preschool and Day Care may request documentation of current coverage in effect. If any of the above information changes, we will notify the Preschool Director immediately.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Address Phone



## PHOTO PERMISSION FORM

We give The Good Shepherd Preschool permission to include photographs of my child on the preschool's website, social media posts, publications/brochures and other promotional materials, and in the preschool's yearbook.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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Parent/Guardian Signature

Date

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Parent/Guardian Signature

Date