



The Good Shepherd Preschool & Day Care

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

2021-2022 Preschool and Day Care Application

Preschool students must be toilet trained and three years of age on or before September 1, 2021.

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.**

2021-2022 Preschool Tuition and Day Care Fees

Tuition Fees Shown are Monthly Rates

		<u>5 Days a Week</u>	<u>3 Days a Week</u>
Preschool (Ages 3-4)	Half Days (8:30 a.m.-12 noon)	\$400/month	\$280/month
	Full Days (8:30 a.m.-3:30 p.m.)	\$660/month	\$400/month
Day Care (Grades K-5)	Full Days (8:30 a.m.-3:30 p.m.)	\$520/month	\$310/month

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 8 hours)	\$45.00
Before-School Care	6 a.m.-8:30 a.m.	\$8.00/day
After-School Care	3:30 p.m.-6 p.m.	\$8.00/day

*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 \$20 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
2021-2022**

***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 2021-2022 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

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: _____

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date