

PARENTAL AGREEMENT FORM

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school.

I hereby grant permission for my child to leave the school premises, under the supervision of a staff member, for neighborhood walks.

I hereby grant permission for my child to be included in evaluations and pictures connected with the school program.

I hereby grant permission for the Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact you through any of the persons listed on the emergency information form you completed for us.
4. If we cannot contact you or your child's physician, we will do any or all of the following: (a) Call another physician or paramedic. (b) Call an ambulance. (c) Have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred in 4, above, will be borne by the child's family.
6. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

I hereby agree to comply with the rules and regulations of the Early Learning Center regarding fees, attendance, health, clothing and other items specified in the Parents' Handbook issued by the school each year. I am aware of the scheduled school holidays and In-Service training days.

I hereby agree to notify the school two weeks in advance of withdrawal, should such an event occur, or pay the difference.

Date _____

(Parent or legal guardian)

If both parents are away from home during the day, please state arrangements for child's care when he/she is not at school: _____

GLORIA DEI EARLY LEARNING CENTER—2011/2012
8427 Jewel Lake Rd.
Anchorage, AK 99502
243-1504 phone 243-2974 fax



FALL 2011 CHANGES IN BOLD

___ 2 day class

9:00-11:30 A.M. Mon & Fri

Tuition: \$135/month

Age: 3

___ 3 day A.M. class

9:00-11:00 T, W, TH

Tuition: \$162/month

Age: 4 & 5

___ 3 day P.M. class

12:30-2:30 T, W, TH

Tuition: \$162/month

Age: 4 & 5

(The four day option is not available at this time.)

Child's Name _____

Birth Date _____

Address _____

Mother's or legal guardian's name _____

Occupation _____

Home Phone _____ Work _____

Father's or legal guardian's name _____

Address: _____

Occupation _____

Home Phone _____ Work _____

Babysitter's Name _____

Phone _____

Address _____

A \$81.00 **non-refundable** Registration Fee must accompany this application. Paid _____

Parent Signature

DEVELOPMENT HISTORY OF CHILD

Word child uses for : Urination _____

Bowel movements _____

Does child dress self? _____ Undress self? _____

Is child right or left handed? _____

What are child's favorite:

Indoor play activities? _____

Outdoor play activities? _____

Does child have any special fears that you are aware of? _____

Does child have any speech problems? _____

Does child have any other problems that we should be aware of?

What method of behavior control is used in your home? _____

What is child's usual reaction? _____

How would you describe your child's personality? _____

Language Development: Is another language spoken at home:

____ Yes ____ No If yes, which one? _____

Was language development average slow fast?

Emotional Development? Select from the following list those words which best describe your child:

Relaxed ____ Quiet ____ Hyperactive ____ Friendly ____

Shy ____ Cooperative ____ Outgoing ____ Confident ____

Other comments:

HEALTH HISTORY OF CHILD

What past illnesses has he/she had and at what age?

Chicken Pox ____ Scarlet Fever ____ Diabetes ____

Mumps ____ Measles ____ Hepatitis ____ Other ____

Does child have frequent colds? Explain

Tonsillitis? ____ Earaches? ____

Stomach aches? ____ Does he/she vomit easily? ____

Does he/she run high fevers easily? ____

Has he/she had any serious accidents? ____

Explain _____

Allergies: Please list any food items to avoid _____

Has child ever been to a dentist? _____

Has he/she had his/her vision tested? _____

Hearing tested? _____

Does he/she wear corrective shoes? _____

Please give a brief statement of your evaluation of your child's overall health _____