



Grosse Pointe Public Schools Child Development and Preschool Program Registration Packet- HALF DAY PROGRAMS

20090 Morningside Drive, Grosse Pointe Woods, MI 48236 Telephone (313) 432-3809

The following is required to complete the enrollment process:

- Payment of Registration Fee
- Child Information Record
- Completed Registration Packet
- Health Appraisal Form and Vaccination Record (due by first day of attendance)

Child Information

Child's Name: _____ Date of Birth: _____

Does your child have a nickname or other name: _____

Child's Home Language : _____

Parent Names: _____

Home Address: _____

Parent Phone Number: _____

Email Address for Teacher Communication: _____

Has your child attended a child care or preschool program before: (please circle) YES NO

Does your child have any food allergies or restrictions: YES NO

If yes, please complete the Food Allergy/Dietary Restriction Form

Is there any additional information we should know about your child:



Policy Agreements

Please initial below to indicate agreement:

_____ I understand that parents sign-up to provide snacks for the half day program.

_____ I grant the GPPSS Preschool program permission to take my child on neighborhood walks.

_____ I understand that children will play outside if the temperature is above 20 degrees, and if there are no extreme heat advisories in place.

_____ I understand that if my child needs to wear sunscreen I will apply it at home before sending my child to school.

_____ I have received and signed the Child Care Contract regarding diapering and toilet training.

_____ I understand that my child must be up-to-date on immunizations and I will provide an immunization record to the preschool office. If my child is not current on their vaccinations, I will provided a waiver from the health department with my child's health appraisal, due at the time of enrollment.

_____ I understand that if my child becomes ill during the school day, he/she will need to be picked up within one hour. Additionally, children must be symptom free for 24 hours before returning to school.

_____ I authorize and permit the public and private use, broadcast, publication, reproduction, release, copyright, exhibition and distribution of student work, likeness of, photographs, images, video or audio recordings. I authorize such disclosure for the purpose of providing information regarding GPPSS programs or activities.

_____ Only persons listed on the Child Information Record will be allowed to pick up my child from school. The Michigan Dept. of Licensing and Regulatory Affairs (LARA) requires a court order be on file if a parent is prohibited from picking up a child.

_____ I have received and reviewed the Parent Handbook and agree to the terms and policies set forth by the GPPSS Child Development and Preschool Program.

_____ I understand that a licensing notebook is available for families to review inspections and reports of the program.



Tuition Agreements

Please initial below to indicate agreement:

____ Tuition for half day program is due prior to the start of each semester. Half Day Tuition is non-refundable.

_____ A late fee of 10% of the semester's tuition will be assessed to payments made after each semester due date.

____ Children will be withdrawn from the program if tuition payment is not received by the second week of each semester.

____ Tuition is due regardless of vacation, extended travel, snow days or sick days.

____ I understand that if I pick my child up after 11:30 a late fee of \$20/child for every 20 minutes or fraction thereof. Excessive late pick-ups may result in termination from the program. Program run time is 8:30am-11:30am.

____ A two week written notice is required if families withdraw from the program.



Allergy Information/Dietary Restrictions

Please complete the following form if your child has an allergy or restriction.

Child's Name: _____

Date of Birth: _____

Allergies: *a formal allergy action plan will be sent to you if required

What is your child allergic to? _____

Has a physician diagnosed this allergy? _____

What are the signs/symptoms of this allergy?

What action should we take if we observe the child is having an allergic reaction?

Dietary Restrictions

Please explain in detail the non-allergy dietary restrictions your child may have based on family preferences, religious affiliation, etc:

I understand that if my child has a food allergy or restriction, I may be responsible for sending in a supplemental morning or afternoon snack for my child.

Signature

Date



Child Care Contract- Diapering and Toilet Training

Half Day Programs:

Children enrolling in half day programs must be fully potty trained in order to attend. If children are not fully potty trained by the first day of school, families must contact the Preschool Director to arrange for a delayed start date. The GPPSS Child Development and Preschool Program understands that young children do have accidents sometimes. Children who have daily or weekly accidents will not be considered fully potty trained and may be asked to take time off from the program. There will be no refund of tuition or credit given in either circumstance.

If a child has an accident at school, the child will be taken to the bathroom. An adult, with disposable gloves, will assist the child in removing the soiled clothes. An extra clean set of clothes, provided by the parent, will be kept at school. An adult will hand the clean clothes to the child and the child will dress themselves. If diarrhea is present more than once in a day, the child must be picked up from the program.

Signing the line below indicates that the parent, guardian or responsible adult has read the Child Care Contract and agrees with the provisions stated above.

Printed Name

Signature

Date