

GROWING TOGETHER PRESCHOOL, INC.

ENROLLMENT CHECKLIST

(DUE FIRST DAY OF ENROLLMENT)

- COMPLETED ENROLLMENT APPLICATION
- CHILD CARE ASSISTANCE CONTRACT
(IF APPLICABLE)
- FEDERAL FOOD PROGRAM APPLICATION
- REGISTRATION FEE \$50.00
- IMMUNIZATION CERTIFICATE
- BIRTH CERTIFICATE
- COPY OF SOCIAL SECURITY CARD
- INSURANCE / MEDICAL CARD

THE WEEKLY TUITION RATE IS DUE EVERY MONDAY.
BI-WEEKLY OR MONTHLY PAYMENTS CAN BE PAID IN ADVANCE.

FOR INFANTS

DUE DATE:
EXPECTED ENROLLMENT:

OFFICE USE ONLY

ENTRY DATE:	
FULL-TIME:	PART-TIME:
FUNDING SOURCE:	
CLASSROOM PLACEMENT:	
EXIT DATE:	

**GROWING TOGETHER PRESCHOOL, INC.
ENROLLMENT APPLICATION**

DATE:	REFERRED BY:
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DEMOGRAPHIC INFORMATION:

CHILD:	DOB:	SEX:	RACE:
SS #:	MEDICAL CARD #:		

MOTHER:	AGE:	FATHER:	AGE:
ADDRESS:		ADDRESS:	
PHONE	HOME:	WORK:	PHONE
	CELL:		HOME:
			CELL:
			WORK:
E-MAIL ADDRESS:		E-MAIL ADDRESS:	
EMPLOYER:		EMPLOYER:	

SIBLING:	AGE:	SIBLING:	AGE:
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FOSTER CARE PARENTS:			
ADDRESS:			
PHONE:	HOME:	PHONE:	HOME:
(MOTHER)	CELL:	(FATHER)	CELL:
	WORK:		WORK:

PRIMARY LANGUAGE SPOKEN BY FAMILY:

EMERGENCY INFORMATION:

EMERGENCY CONTACT #1			EMERGENCY CONTACT #2		
NAME:			NAME:		
ADDRESS:			ADDRESS:		
PHONE	HOME:	WORK:	PHONE	HOME:	WORK:
	CELL:			CELL:	
RELATIONSHIP TO CHILD:			RELATIONSHIP TO CHILD:		

PHYSICIAN:		DSS/CFC CASE WORKER (IF APPLICABLE)	
NAME:		NAME:	
ADDRESS:		ADDRESS:	
PHONE:		PHONE:	
HOSPITAL: (LOCAL TO LEXINGTON)			

AUTHORIZATION FOR CHILD RELEASE:

NAME:	PHONE: (H)	RELATIONSHIP TO CHILD:
	CELL:	
	WORK:	
NAME:	PHONE: (H)	RELATIONSHIP TO CHILD:
	CELL:	
	WORK:	

ADDITIONAL REQUIRED INFORMATION:

<input type="checkbox"/> 1. FEDERAL FOOD APPLICATION	<input type="checkbox"/> 5. BIRTH CERTIFICATE
<input type="checkbox"/> 2. IMMUNIZATION CERTIFICATE	<input type="checkbox"/> 6. PHYSICAL EXAM (3/4 YEAR OLD)
<input type="checkbox"/> 3. SOCIAL SECURITY CARD (COPY)	<input type="checkbox"/> 7. EYE EXAMINATION (3/4/YEAR OLD)
<input type="checkbox"/> 4. INSURANCE CARD/MEDICAL CARD	

HISTORY/BACKGROUND:

<input type="checkbox"/> ALLERGIES	<input type="checkbox"/> HEARING IMPAIRED
<input type="checkbox"/> ASTHMA	<input type="checkbox"/> VISUALLY IMPAIRED
<input type="checkbox"/> SEIZURES (FILL OUT SEIZURE FORM)	<input type="checkbox"/> ORTHOPEDICALLY IMPAIRED
<input type="checkbox"/> SPEECH/LANGUAGE DELAY	<input type="checkbox"/> DEVELOPMENTAL DELAY
<input type="checkbox"/> ADHD/BEHAVIOR DISORDER	<input type="checkbox"/> AUTISM
<input type="checkbox"/> OTHER MEDICAL DIAGNOSIS:	
<input type="checkbox"/> ONGOING MEDICATIONS:	
CONCERNS I HAVE REGARDING MY CHILD:	

RECORDS REVIEW:

FAMILY MEMBERS AUTHORIZED TO REVIEW CHILD'S RECORDS:
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ADDITIONAL SERVICE INVOLVEMENT:

NAME OF PROGRAM:
CONTACT PERSON/PHONE:
TYPE OF SERVICE RENDERED:

AGREEMENT:

THE PARENT/GUARDIAN IS RESPONSIBLE TO MAINTAIN CURRENT RECORDS WITH GROWING TOGETHRE PRESCHOOL, INC. (GTP) AND REQUIRED TO INFORM THE PRESCHOOL OF CHANGES AND UP-DATES IN DEMOGRAPHIC INFORMATION (PHONE NUMBERS, CHANGE OF ADDRESS, GUARDIANSHIP, AUTHORIZATION OF CHILD RELEASE, EMERGENCY CONTACTS, PHYSICIAN, ETC.) PERTAINING TO THEIR CHILD'S ENROLLMENT.
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DATE OF AGREEMENT:	
PARENT/GUARDIAN SIGNATURE:	
PRESCHOOL PERSONNEL SIGNATURE:	

GROWING TOGETHER PRESCHOOL, INC.

PAYMENT CONTRACT

PARENT WILL BE RESPONSIBLE TO:

1. PAY A \$50.00 NON-REFUNDABLE ENROLLMENT FEE PRIOR TO ENROLLMENT (\$20.00 FOR APPLICATION AND \$30.00 FOR REGISTRATION = \$50.00).
2. CONTRACT FOR ONE OF THE FOLLOWING ENROLLMENT OPTIONS:
 - A. ____ \$172.00 INFANT - 23 MONTHS (FULL-TIME: 4/5 DAYS).
 - B. ____ \$162.00 24 MONTHS - 5 YEARS (FULL-TIME: 4/5 DAYS).
 - C. ____ \$140.00 (PART-TIME (1 - 3 DAYS)).

THE ABOVE CONTRACT OPTIONS ARE BASED ON YEARLY ENROLLMENT AND NOT INTERCHANGEABLE ON A WEEKLY BASIS. THERE IS A \$5.00 SIBLING DISCOUNT FOR FULL-TIME ENROLLMENT ONLY. CHANGES IN CONTRACT STATUS MUST BE SUBMITTED IN WRITING TO THE BUSINESS OFFICE.

3. PAY 51 WEEKS DAY CARE TUITION PER YEAR, REGARDLESS OF CHILD'S ABSENCE OR PRESCHOOL CLOSURE (52 WEEKS IN THE YEAR).
4. SUBMIT PAYMENT EACH WEEK ON MONDAY, IN ADVANCE OF THE WEEK. WRITTEN NOTICE WILL BE ISSUED FROM THE BUSINESS OFFICE EACH WEDNESDAY IF PAYMENT IS NOT RECEIVED ON MONDAY. IF THE REGULAR WEEKLY DAY CARE FEE IS NOT PAID BY FRIDAY, THE CHILD WILL NOT BE ADMITTED IN THE PRESCHOOL ON THE FOLLOWING MONDAY. PARENTS WILL BE NOTIFIED OF CONTRACT TERMINATION AFTER ONE WEEK OF DELINQUENT PAYMENT, AND ENROLLMENT SUSPENDED.
5. PAY A \$20.00 SERVICE CHARGE ON ALL RETURNED CHECKS.
6. PAY ALL LATE FEES INCURRED DUE TO LATE DEPARTURES (ARRIVAL AFTER 5:30 PM CLOSING TIME AT \$1.00 PER MINUTE).
7. GIVE ONE WEEK'S WRITTEN NOTICE OF VOLUNTARY WITHDRAWAL FROM THE PRESCHOOL.

GROWING TOGETHER PRESCHOOL, INC. WILL:

1. ANSWER ALL BILLING QUESTIONS AND ISSUE BILLING STATEMENTS UPON REQUEST.
2. GRANT EACH FAMILY ONE FREE WEEK PER YEAR AT CHRISTMAS/NEW YEAR'S WHEN THE PRESCHOOL IS CLOSED. NOTIFICATION OF ALL HOLIDAY CLOSURES IS ISSUED EACH JANUARY ON THE YEARLY PRESCHOOL CALENDAR.
3. NOTIFY FAMILY OF CONTRACT TERMINATION AFTER ONE WEEK OF NON-PAYMENT (SEE ABOVE OR REFER TO PARENT HANDBOOK, PAGES 4-5).
4. GROWING TOGETHER PRESCHOOL, INC. RESERVES THE RIGHT TO INCREASE DAY CARE TUITION FEES AS NECESSARY TO MEET THE DEMAND OF RISING COSTS. FAMILIES WILL RECEIVE WRITTEN NOTIFICATION PRIOR TO ANY INCREASE.

DATE OF AGREEMENT:	EFFECTIVE 01/02/12
PARENT/GUARDIAN SIGNATURE:	
PRESCHOOL PERSONNEL SIGNATURE:	

PROGRAM AGREEMENT

THE PRESCHOOL SHALL:

1. DETERMINE APPROPRIATE CLASSROOM PLACEMENT FOR EACH CHILD.
2. PROVIDE DEVELOPMENTAL SCREENING AND ON-GOING ASSESSMENT ACCORDING TO THE INDIVIDUAL NEEDS OF THE CHILD WITHIN 45 DAYS OF ENROLLMENT.
3. PARTICIPATE IN THE DEVELOPMENT OF AN INDIVIDUALIZED EDUCATIONAL PLAN (IEP) OR AN INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP).
4. PROVIDE A STRUCTURED, DEVELOPMENTAL/EDUCATIONAL PROGRAM TO MEET THE INDIVIDUAL NEEDS OF EACH CHILD ENROLLED.
5. INVOLVE PARENT/GUARDIAN IN THE DEVELOPMENTAL SCREENING/ASSESSMENT PROCESS AND THE DEVELOPMENT OF THE IEP/IFSP TO THE EXTENT POSSIBLE.
6. PROVIDE PARENT/GUARDIAN WITH PRIVATE CONFERENCES (MINIMUM OF TWO PER YEAR).
7. ENCOURAGE PARENT/GUARDIAN VISITATION AND PARTICIPATION IN PRESCHOOL ACTIVITIES/FUNCTIONS.
8. CONTACT PARENT/GUARDIAN PRIOR TO EMERGENCY MEDICAL TREATMENT, WHENEVER POSSIBLE.
9. MAINTAIN CONFIDENTIAL RECORDS ON EACH CHILD.
10. PROVIDE PARENT/GUARDIAN WITH THE "PARENT HANDBOOK".
11. MAINTAIN NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN (NAEYC) ACCREDITATION STATUS.

THE PARENT/GUARDIAN SHALL:

1. COMPLETE AND SIGN THE GROWING TOGETHER PRESCHOOL, INC. (GTP) ENROLLMENT APPLICATION, THEREFORE, GRANTING PERMISSION IN WRITING FOR:
 - A. A DEVELOPMENTAL SCREENING/TRANSDISCIPLINARY TEAM ASSESSMENT.
 - B. THE DEVELOPMENT OF THE INDIVIDUAL EDUCATION PLAN (IEP) OR THE INDIVIDUAL FAMILY SERVICE PLAN (IFSP).
 - C. THERAPEUTIC SERVICES (AS STATED ON IEP/IFSP).
 - D. THE RELEASE OF MEDICAL, EDUCATIONAL, SOCIAL, PSYCHOLOGICAL, ETC. INFORMATION NECESSARY FOR THE CHILD'S ENROLLMENT AND EDUCATIONAL PROGRAM.
 - E. THE USE OF PHOTOGRAPHS, SLIDES, OR VIDEOS OF THE CHILD FOR USE IN BROCHURES OR OTHER EDUCATIONAL ENTERPRISES USED TO PROMOTE PUBLIC SUPPORT FOR PROGRAMS SERVING TYPICAL CHILDREN AND THOSE WITH DISABILITIES (EXCLUDES FOSTER CARE CHILDREN).
 - F. UNIVERSITY STUDENTS, UNDER THE SUPERVISION OF PRESCHOOL PERSONNEL OR THERAPISTS, TO ASSIST WITH EDUCATIONAL ACTIVITIES AND PROGRAMS; CONDUCT RESEARCH PROJECTS; REVIEW RECORDS UNDER CONFIDENTIALITY REQUIREMENTS; AND COMPLETE OBSERVATIONS.
 - G. GRANT PERMISSION TO POST FOOD ALLERGIES.
 - H. GRANT PERMISSION FOR RECORDS REVIEW BY REGULATORY AUTHORITIES (NAEYC, STATE LICENSING, ETC.)
2. PARTICIPATE, TO THE EXTENT POSSIBLE, IN THE DEVELOPMENTAL SCREENING/ASSESSMENT PROCESS AND IN PARENT CONFERENCES.
3. NOTIFY THE PRESCHOOL WHEN THE CHILD IS UNABLE TO ATTEND PRESCHOOL.
4. NOTIFY THE PRESCHOOL OF A CHILD'S COMMUNICABLE ILLNESS.
5. RELEASE THE PRESCHOOL FROM ANY RESPONSIBILITY FROM DAMAGE, ILLNESS, ACCIDENTS, AND INJURY INCURRED TO THE CHILD AT THE PRESCHOOL NOT DUE TO NEGLIGENCE OF PRESCHOOL PERSONNEL.
6. RELEASE THE PRESCHOOL FROM ANY RESPONSIBILITY FROM DAMAGE OR LOSS OF PERSONAL ITEMS BELONGING TO THE CHILD AND/OR FAMILY (CLOTHING, TOYS, EQUIPMENT, ETC.).
7. READ AND REVIEW THE "PARENT HANDBOOK" TO HAVE KNOWLEDGE AND UNDERSTANDING OF PRESCHOOL POLICY.

AGREEMENT:

I HAVE READ AND BEEN GIVEN THE OPPORTUNITY TO DISCUSS THIS DOCUMENT FULLY. I AGREE TO WORK COOPERATIVELY WITH GROWING TOGETHER PRESCHOOL, INC. REGARDING AGENCY POLICY. I UNDERSTAND THAT EITHER PARTY MAY TERMINATE ENROLLMENT BY GIVING ONE WEEK'S WRITTEN NOTICE.

DATE OF AGREEMENT:	
PARENT/GUARDIAN SIGNATURE:	
PRESCHOOL PERSONNEL SIGNATURE:	

PARENTAL APPROVAL FOR DEVELOPMENTAL SCREENINGS/ASSESSMENTS

AS PART OF THE SERVICES AT GROWING TOGETHER PRESCHOOL, INC., DEVELOPMENTAL SCREENINGS AND ON-GOING ASSESSMENTS ARE OFFERED TO CHILDREN ENROLLED IN THE PRESCHOOL PROGRAM.

THE DENVER II, AGES & STAGES-SOCIAL/EMOTIONAL FORM, AND HEIGHT/WEIGHT CHART ARE UTILIZED FOR CHILDREN WITH NO KNOWN DEVELOPMENTAL DELAYS. THE CREATIVE CURRICULUM DEVELOPMENTAL CONTINUUM FOR INFANTS, TODDLERS AND TWOS, AND THE CREATIVE CURRICULUM DEVELOPMENTAL CONTINUUM FOR PRESCHOOL ARE THE ASSESSMENT TOOLS USED AT GTP. THESE SCREENINGS AND ASSESSMENT TOOLS ARE A MEASURE OF DEVELOPMENTAL MILESTONES, AND FROM THEM, INSTRUCTORS DEVELOP EDUCATIONAL GOALS FOR EACH CHILD.

CHILDREN WITH A DIAGNOSED DISABILITY, OR PREDETERMINED CONDITION, OR WHO PRESENT DELAYS IN ONE OR MORE AREAS OF DEVELOPMENT WILL BE ELIGIBLE FOR FURTHER EVALUATIONS AND/OR THERAPEUTIC ASSESSMENTS, AND ADDITIONAL SERVICES. AN IFSP (INDIVIDUAL FAMILY SERVICE PLAN) OR IEP (INDIVIDUAL EDUCATION PLAN) WILL BE IMPLEMENTED, WHICH WILL INCLUDE YEARLY GOALS AND OBJECTIVES. PARENTS WILL BE NOTIFIED OF THE EVALUATION PROCESS (BUT NOT REQUIRED TO ATTEND), AND INCLUDED IN THE PLANNING OF THE CHILD'S EDUCATIONAL PROGRAM THROUGH SCHEDULED MEETINGS TWICE A YEAR.

KENTUCKY ADMINISTRATIVE REGULATIONS REQUIRE THAT THE PARENT/GUARDIAN APPROVE OF ANY TESTING OR OTHER EVALUATION OF YOUR CHILD. IT IS REQUIRED THAT THE PARENT/GUARDIAN BE INFORMED OF THEIR RIGHT TO DENY PERMISSION FOR THE ADMINISTRATION OF ANY INDIVIDUAL EVALUATIONS OF THEIR CHILD. IF SUCH PERMISSION IS DENIED, IT IS THE RIGHT OF THE PRESCHOOL TO REQUEST A HEARING TO PRESENT ITS REASONS FOR THE EVALUATION, AND TO ATTEMPT TO GAIN APPROVAL OF A HEARING OFFICER TO CONDUCT THE REQUESTED EVALUATION. YOU ARE ALSO ADVISED OF YOUR RIGHT, AS A PARENT/GUARDIAN, TO REVIEW ALL PRESCHOOL RECORDS PERTAINING TO YOUR CHILD.

AGREEMENT:

I HAVE READ AND UNDERSTAND THE ABOVE PROCEDURES. I HEREBY GIVE MY PERMISSION FOR GROWING TOGETHER PRESCHOOL, INC. TO ADMINISTER A DEVELOPMENTAL SCREENING AND/OR COMPREHENSIVE EVALUATIONS TO MY CHILD. EVALUATIONS MAY INCLUDE ANY OF THE FOLLOWING AS DEEMED NECESSARY.

1. DEVELOPMENTAL SCREENING
2. EDUCATIONAL EVALUATION
3. BEHAVIORAL OBSERVATION
4. THERAPEUTIC EVALUATIONS: SPEECH/LANGUAGE THERAPY, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, VISION SCREENING

NAME OF CHILD:		DATE OF BIRTH:
I DO GIVE MY CONSENT	SIGNATURE:	DATE:
I DO NOT GIVE MY CONSENT	SIGNATURE:	DATE:

DEVELOPMENTAL AND SOCIAL HISTORY

NAME OF CHILD:	DOB:	SEX:
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PRENATAL HISTORY

DIFFICULTIES/ILLNESS/INJURY:

INFANCY

1. DOES INFANT HAVE DIFFICULTY FEEDING/GAINING WEIGHT:
2. DOES INFANT HAVE DIFFICULTY SLEEPING:
3. DOES INFANT EXHIBIT IRRITABILITY/COLIC/CONSTANT CRYING:
4. DOES INFANT ENJOY COMPANIONSHIP OR PREFER TO BE ALONE:

EARLY CHILDHOOD

1. IS CHILD TOILET TRAINED:
2. DOES CHILD USE SHORT PHRASES:
3. DOES CHILD USE SHORT SENTENCES:
4. DOES CHILD HAVE A GOOD OR POOR APPETITE:
5. DOES CHILD ENJOY COMPANY OF OTHERS OR PLAYING ALONE:
6. DOES CHILD HAVE CONSISTENT SLEEPING PATTERNS:
7. IS CHILD VERY ACTIVE OR QUIET:

FAMILY HISTORY

1. ANY RECENT ILLNESS OR DEATH IN FAMILY:
2. HAS THERE BEEN A NEW FAMILY MEMBER RECENTLY:
3. HAS FAMILY MOVED/CHANGED ADDRESS RECENTLY:
4. HAS INFANT/CHILD BEEN PREVIOUSLY PLACED IN DAY CARE:

ADDITIONAL COMMENTS:

PARENT/GUARDIAN SIGNATURE:	DATE:
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GROWING TOGETHER PRESCHOOL, INC.

MEDICAL RELEASE/EMERGENCY CONSENT

MEDICAL RELEASE/EMERGENCY CONSENT FOR TREATMENT OF A MINOR

1. I HEREBY GRANT WRITTEN PERMISSION FOR GROWING TOGETHER PRESCHOOL, INC. PERSONNEL TO INSTITUTE EMERGENCY MEDICAL PROCEDURES, IF WARRANTED, INCLUDING, BUT NOT LIMITED TO THE FOLLOWING:

A. ATTEMPT TO CONTACT PARENT/GUARDIAN.

B. ATTEMPT TO CONTACT PARENT/GUARDIAN THROUGH INDIVIDUALS LISTED AS EMERGENCY CONTACTS.

C. IF PARENT/GUARDIAN CANNOT BE CONTACTED, THE FOLLOWING MAY BE INSTITUTED:

1. EMERGENCY PROCEDURES ACTIVATED (911)

2. PARAMEDICS/AMBULANCE DISPATCHED

D. ANY EXPENSES INCURRED BY (C) ABOVE, WILL BE THE RESPONSIBILITY OF THE FAMILY.

2. I HEREBY GRANT WRITTEN PERMISSION FOR THE HOSPITAL/EMERGENCY FACILITY TO RENDER EMERGENCY MEDICAL CARE DEEMED APPROPRIATE BY THE EMERGENCY MEDICAL STAFF UNTIL I CAN BE CONTACTED.

3. ONLY PARENT OR LEGAL GUARDIAN CAN AUTHORIZE EMERGENCY MEDICAL TREATMENT OF A MINOR.

4. SHOULD THE CHILD'S MEDICAL STATUS CHANGE AT ANY TIME DURING ENROLLMENT, THE PRESCHOOL IS TO BE NOTIFIED.

5. SHOULD THE CHILD REQUIRE MEDICATION DURING PRESCHOOL HOURS, WRITTEN PERMISSION IS REQUIRED FOR ADMINISTRATION. FORMS ARE LOCATED IN MAIN OFFICE.

EMERGENCY INFORMATION

1. NAME OF MINOR	DOB:
2. PARENT/GUARDIAN:	PHONE: (H) (W)
PARENT GUARDIAN:	PHONE: (H) (W)
3. EMERGENCY CONTACT:	PHONE:
4. PHYSICIAN:	PHONE:
5. DENTIST:	PHONE:
6. HOSPITAL PREFERENCE: (LOCAL LEXINGTON)	
7. SPECIAL MEDICAL CONDITIONS:	
8. ON-GOING MEDICATIONS:	

DATE OF AGREEMENT:	
PARENT/GUARDIAN SIGNATURE:	
PARENT/GUARDIAN SIGNATURE:	
PRESCHOOL PERSONNEL SIGNATURE:	

Authorization Agreement for Direct Debits (ACH Debits)

New Account

Change Current Account

I hereby authorize Growing Together Preschool, hereinafter called COMPANY, to initiate debit entries to my checking account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

Bank Name: _____

Bank Routing Number (ABA): _____

Bank Account Number: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name: _____ Child's Name _____

Signature: _____ Date: _____

Maximum amount to debit _____

ATTACH A VOIDED CHECK BELOW:

Jane Doe	1258	
123 Main Street		
Any town, USA 12345	_____ 20 _____	
<i>PAY TO</i>		
<i>THE ORDER OF</i> _____	\$ _____	
	_____ DOLLARS	
:083000137:	123456789	01258
Bank Routing Number	Bank Account Number	Check Number