



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

The essential forms in this packet are enabled for electronic completion using Adobe Reader/Adobe Acrobat. You can also print, complete by hand and deliver or mail to us. If submitting electronically, please send to [administration@gigharborfoundation.org](mailto:administration@gigharborfoundation.org) and remember to save a copy to your computer. If mailing, please send to:

GGHF Curious by Nature School, 7191 Wagner Way, Suite 101, Gig Harbor, WA 98335

## 2015-2016 Enrollment Packet Checklist

- Please read these materials carefully. Make sure you understand the School's Mission Statement, Philosophy and Tuition information found in the Handbook you have received and on the school's website at [www.gigharborfoundation.org/cbn-school](http://www.gigharborfoundation.org/cbn-school).  
If you have any questions regarding the registration agreement, please contact the Foundation's office at (253) 514-6338 or our School's Director at (253) 858-5064.
- Complete and sign the **Registration and Agreement** form.
- Complete the **Contact Information** form.
- Complete the **Child Profile** form.
- Complete the **Health History and Medical Consent** form.
- Complete your child's **Immunization Record** form.
- Please include the registration fee: \$75 (new students) or \$60 (returning students). For families enrolling more than one child the fee is \$35 for each additional child. Make checks payable to **GGHF Curious by Nature School**. *We happily accept Visa/MasterCard/Discover cards; transactions include a 2.75% fee.*
- Please assemble completed forms and return or mail them to GGHF Curious by Nature School **on or before August 1, 2015**.

*GGHF Curious by Nature School does not discriminate on the basis of race, color, gender or gender identity, religion, sexual orientation, disability, cultural heritage, political beliefs, marital status, or national and ethnic origin in employment or the administration of its admissions programs or policies. When accepting enrollments, no geographical boundaries are observed.*

# 2015-16 Enrollment and Tuition Agreement

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

I am registering my child for the following session:

## 2-day AM Toddler: Mon/Tues

- AM only: 9:15 a.m. to 12:15 p.m.

**Age:** Child must age 2 by Aug. 31.

**Annual Tuition:** \$1,950

**Supply fee:** \$75 annually

## 2-day AM Toddler: Wed/Thurs

- AM only: 9:15 a.m. to 12:15 p.m.

**Age:** Child must age 2 by Aug. 31.

**Annual Tuition:** \$1,950

**Supply Fee:** \$75 annually

## 1-day AM Toddler: Fri

- AM only: 9:15 a.m. to 12:15 p.m.

**Age:** Child must age 2 by Aug. 31.

**Annual Tuition:** \$1,010

**Supply Fee:** \$50 annually

## 2-day Preschool: Mon/Tues

- AM only: 9:15 a.m. to 12:15 p.m.

**Age:** Child must age 3 by Aug. 31.

**Annual Tuition:** \$1,990

**Supply fee:** \$125 annually

## 3-day Preschool: Wed/Thurs/Fri

- AM only: 9:15 a.m. to 12:15 p.m.  
 PM only: 1:00 p.m. to 4:00 p.m.  
 Full Day: 9:15 a.m. to 4:00 p.m.

**Age:** Child must age 3 by Aug. 31.

**Annual Tuition:** Half-day: \$3,000

Full day: \$5,800

**Supply fee:** \$140 annually

## 4-day Preschool: Mon/Tues/Wed/Thurs

- PM only: 1:00 p.m. to 4:00 p.m.

**Age:** Child must age 4 by Aug. 31.

**Annual Tuition:** \$3,580

**Supply fee:** \$175 annually

## 4-day Pre-K: Mon/Tues/Wed/Thurs

- AM only: 9:15 a.m. to 12:15 p.m.  
 PM only: 1:00 p.m. to 4:00 p.m.  
 Full Day: 9:15 a.m. to 4:00 p.m.

**Age:** Child must age 4 by Aug. 31.

**Annual Tuition:** Half-day: \$3,650

Full day: \$7,050

**Supply fee:** \$175 annually

## 5-day Pre-K: Mon/Tues/Wed/Thurs/Fri

- AM only: 9:15 a.m. to 12:15 p.m.  
 PM only: 1:00 p.m. to 4:00 p.m.  
 Full Day: 9:15 a.m. to 4:00 p.m.

**Age:** Child must age 4 by Aug. 31.

**Annual Tuition:** Half-day: \$3,800

Full day: \$7,290

**Supply fee:** \$175 annually

## 1-day Enrichment Friday-Kindergarten

- 9:15 a.m. to 4:00 p.m.

**Age:** Child must age 5 by Aug. 31.

**Annual Tuition:** \$1,895

**Supply fee:** \$50 annually

**\*\*If enrolling mid-year, requested start date:** \_\_\_\_\_

1. *Registration fee:* I understand that the \$75 registration fee (\$60 for returning families) is non-refundable and must accompany my child's completed registration form. This fee is not applied to tuition.
2. *Tuition:* I understand that I am responsible for payment of contracted fees, and will pay the annual tuition (*check one of the boxes below*):
  - In full by August 1, 2015 (5% savings on annual tuition fees).
  - Half by August 1, 2015 and half by January 1, 2016 (5% savings on annual tuition fees).
  - In 10 monthly installments, due the 1<sup>st</sup> of each month prior to month of attendance, with the first and last month payment due June 15, 2015 for returning families, and August 1<sup>st</sup>, 2015 for new families. The remainder of monthly payments are due starting Sept 1, 2015 for all families.
3. *Multiple child discount:* I understand that if I am enrolling multiple children (who have the same parent), I will receive a \$20/month tuition discount for each child thus enrolled.
4. *Referrals discount:* GGHF Curious by Nature will discount my total monthly tuition by \$10/month for each student I refer to the school and whom actually enrolls (and remains enrolled). Discounts will be applied in the month following the date the referred student starts attending. Referrals must be documented via the Referral Form for discount to apply.
5. *Supply fee:* I understand that I must pay an annual supply fee due by August 1, 2015, and that this fee is non-refundable even if I leave before the school year is over.
6. *Late payments:* I understand that a \$30 late fee will be charged for each late payment.
7. *Non-Sufficient Funds:* I understand that a \$30.00 charge is assessed for each Non-Sufficient Funds (NSF) check.
8. *Late pickup fee:* I am aware of the hours of operation and agree to drop off and pick up my child promptly. I understand that if I am late, I will be charged \$25 for every half-hour or portion thereof, that I am late, starting 10 minutes past the end of my child's session.
9. *Snacks:* I understand that all parents are responsible for providing snacks (from an approved list) for my child's classroom on a rotating basis.
10. *Refunds:* I understand that due to the school year planning required for GGHF Curious by Nature School, all fees (tuition, registration, supply) are non-refundable. Even if I leave before the end of the month, fees and service charges paid for that month will not be refunded. I also understand that I do not receive adjustments in tuition fees for holidays or days missed.
11. *Fundraising:* I understand that as a nonprofit organization and in an effort to keep tuition fees below our area's average, the school sponsors one major and several minor fundraisers each year, and that my participation, while not mandatory, is encouraged.

12. *Responsibility:* I understand that the GGHF Curious by Nature School staff will assume full responsibility for my child from the time she/he is signed in by a parent to the time of departure. Only a parent or authorized person will be allowed to pick up my child.
13. *Location:* I understand that my child will be spending time on the grounds at GGHF Curious by Nature School and adjacent properties within a half-mile of the school.
14. *Release of Student:* I understand that if I fail to arrange for pick-up of my child, and I cannot be reached, school staff, within 30 minutes after closing time, or in accordance with state childcare licensing regulations, may release children to the custody of child protective services or other local authorities.
15. *Attendance:* I agree to call the school by 9 a.m. for any reason my child will not attend school on a regularly scheduled day.
16. *Illness/Emergency:* I understand that if an illness or medical emergency arises, the staff will try to contact me. If I cannot be reached and the emergency is such that medical attention is necessary, the staff has my permission to call 911 and my child may be taken to the hospital if determined by the EMT staff.
17. *Permission for Participation:* I give my child permission to fully participate in this program.
18. *Photography:* I grant permission for my child to be photographed for educational/publicity purposes.
- Yes \_\_\_\_\_ No \_\_\_\_\_
19. *Parent Handbook:* I understand that a copy of the Parent Handbook will be given to me, and I will abide by the guidelines and policies described within.

I/we understand and agree to the terms in this agreement for enrollment in GGHF Curious by Nature School.

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 2015-16 Contact Information

### *Student Information*

Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Mailing Address, City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Family Email: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Toilet trained (month/yr or N/A): \_\_\_\_\_

Current GGHF CBNS student?  Yes  No Previous Student?  Yes  No

Former preschool (if any): \_\_\_\_\_

### *Parent/Guardian Information:*

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_  Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

Parent 1/Guardian 1: Personal Information	Parent 2/Guardian 2: Personal Information
Full Name:	Full Name:
Relationship to student:	Relationship to student:
Street Address:	Street Address:
City/Zip:	City/Zip:
Home phone:	Home phone:
Work phone:	Work phone:
Cell phone:	Cell phone:
e-mail:	e-mail:
Occupation:	Occupation:

Child lives with:  Both parents  Mother  Father  Guardian: \_\_\_\_\_

Special custody arrangements: \_\_\_\_\_

Check, as appropriate:

- Parents married   
  Parents Divorced   
  Parents Separated  
 Father Remarried   
  Mother Remarried   
  Father Deceased   
  Mother Deceased

### ***Parent/Guardian Employment Information***

PARENT / GUARDIAN #1: Employer Info	PARENT / GUARDIAN #2: Employer Info
Employer:	Employer:
Employer's Mailing Address	Employer's Mailing Address:
City, State, Zip	City, State, Zip
Work Phone:	Home Phone:

### ***Emergency Contact Information (if parents/guardians cannot be reached)***

Emergency Contact:	Physician:
Name:	Name:
Address:	Address:
Home phone:	Phone:
Work phone:	Work phone:
Relationship to child:	Practice name/type:

### ***Additional Authorized Persons (other than those listed above)***

Person authorized to pick up my child:	Person authorized to pick up my child:
Name:	Name:
Home phone:	Home phone:
Work phone:	Work phone:
Relationship to child:	Relationship to child:

***Sibling Information***

Please provide the following information on all applicant student’s siblings:

\_\_\_\_\_ Residing in Home with Applicant?  Yes  No  
Name Age

\_\_\_\_\_ Residing in Home with Applicant?  Yes  No  
Name Age

\_\_\_\_\_ Residing in Home with Applicant?  Yes  No  
Name Age

Parent/Caregiver Signature:\_\_\_\_\_

Date:\_\_\_\_\_

Parent/Caregiver Signature:\_\_\_\_\_

Date:\_\_\_\_\_

## Student Profile

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Preferred Name (if any)

\_\_\_\_\_  
Age

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Date of Birth

Toilet trained:  Yes  No

If yes, month/year: \_\_\_\_\_

Name of Parent/Guardian #1: \_\_\_\_\_

Name of Parent/Guardian #2: \_\_\_\_\_

How did you hear about the GGHF Curious by Nature School? \_\_\_\_\_

Why do you want your child to attend GGHF Curious by Nature School? \_\_\_\_\_

Has your child ever attended another school or group setting (daycare, preschool, parent/child support group or classes, etc.)? If so, please describe. \_\_\_\_\_

Describe your child's experiences being away from parents (such as daycare, babysitting, etc.):

Has your child's family experienced any of the following within the past year?

Divorce       Death in the Family       Extended absence of a parent/guardian

Serious illness (child or parents)       New sibling       Mother/Father remarried

Are there any other significant childhood events or health-related issues that we should know about?

Does your child have any illness, allergies, medications, health irregularities, physical challenges or other special considerations that require special accommodations for participation in typical classroom activities? If yes, please describe. \_\_\_\_\_



What languages besides English are spoken and/or written in the home? \_\_\_\_\_

Briefly describe your child’s temperament and how they learn best: \_\_\_\_\_

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What experiences/interests does your child have with nature and outdoor activities?

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Describe what activities your child enjoys at home: \_\_\_\_\_

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Do you have any family and/or cultural traditions that you would like us to know about? \_\_\_\_\_

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What are the most important academic or social goals you have for your child’s education?

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What concerns, if any, do you have about your child attending school? \_\_\_\_\_

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What else would you like us to know about your child? \_\_\_\_\_

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Would you like to volunteer at the school?  Yes  No If so, how do you see yourself assisting?

- |   |   |
|---|---|
| <input type="checkbox"/> Serving on School Board                | <input type="checkbox"/> Grants Committee: Grant research & writing |
| <input type="checkbox"/> Special Events / Fundraising Committee | <input type="checkbox"/> Community Events / Outreach                |
| <input type="checkbox"/> Outdoor Committee: Outdoor Classroom   | <input type="checkbox"/> Photography                                |
| <input type="checkbox"/> GGHF Education CAB Liaison             | <input type="checkbox"/> Summer Camp Planning                       |
| <input type="checkbox"/> Room Parent                            | <input type="checkbox"/> Facebook updates                           |
| <input type="checkbox"/> Field trips coordination / chaperone   | <input type="checkbox"/> Other: _____                               |
| <input type="checkbox"/> Weekly newsletter / articles           | <input type="checkbox"/> Other: _____                               |

*Thank you for providing this information. Please be assured that this information will be kept confidential. We appreciate you keeping us informed of any changes in your child or your family’s life!*

## Health History and Medical Consent

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

Parent/Guardian #1 Name: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Street Address (where child resides): \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

I \_\_\_\_\_ (parent or legal guardian) hereby grant permission to the School's staff to 1) give emergency first aid and/or CPR by a qualified staff member and/or 2) seek medical attention for my child \_\_\_\_\_ (use full legal name), in the event such a treatment is deemed necessary and I am unable to be contacted. I understand that every effort will be made to contact me, and unless immediate treatment is necessary, I will be contacted before any treatment is administered to my child.

I further consent to medical, and/or hospital care treatment to be performed for my child by my child's regular physician, or when a parent or my regular physician cannot be reached, by a licensed physician and/or hospital when deemed immediately necessary and advisable by a physician to safeguard my child's health. I waive the right of consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency medical care center for treatment in an emergency situation.

Name of Child's Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Child's Dentist \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of Choice \_\_\_\_\_ Date of last exam: \_\_\_\_\_

Are all immunizations up to date? \_\_\_\_\_ Phone: \_\_\_\_\_

List any known allergies \_\_\_\_\_

Any medications taken regularly? \_\_\_\_\_

Any chronic health issues or health concerns? \_\_\_\_\_

Insurance \_\_\_\_\_ Group # \_\_\_\_\_ ID # \_\_\_\_\_

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_