



Child's Name: _____ Office use only/Received: _____

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 curiousbynature@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

2019-2020 Enrollment Packet Checklist

- Please read these materials carefully. Make sure you understand the School's Mission Statement, Philosophy and Tuition information received at the informational meeting and on the school's website at www.gigharborfoundation.org/cbn-school.
If you have any questions regarding the registration agreement, please contact the Foundation's office or School's Director at (253) 514-6338 ext. 2.
- Complete and sign the **Program Tuition and Enrollment Agreement** form.
- Complete and sign the **Contact Information** form.
- Complete and sign the **Student Profile** form.
- Complete and sign the **Health History and Medical Consent** form.
- Request your child's **Immunization Record** from your health care provider and return form by **August 1, 2019**.
- Please include the non-refundable registration fee: \$125 (\$100 for returning families). For families enrolling more than one child the fee is \$100 (\$75 for returning families) for each additional child. Make checks payable to **GGHF Curious by Nature School**. *We accept Visa/MasterCard/Discover cards; transactions include a 2.5% fee.*
- Please assemble completed forms and return or mail them to GGHF Curious by Nature School **on or before June 1, 2019**.

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.

2019-20 Program & Tuition

Child's Name: _____

I/We am/are registering my child for the following session(s). Please rank your order of preference from 1-3:

CLASSES FOR 2-3 YEAR OLDS

3-day AM Program – Hummingbirds

Mon/Tue/Wed: 9:00 a.m. – 11:45 a.m.

Child must be age 2.5 by Aug. 31.

Annual Tuition: \$3,800

Supply fee: \$155

2-day AM Program – Hummingbirds

Thu/Fri: 9:00 a.m. – 11:45 a.m.

Child must be age 2 by Aug. 31.

Annual Tuition: \$2,550

Supply fee: \$125

CLASSES FOR 3-4 YEAR OLDS

3-day AM Program – Orcas

Mon/Tue/Wed: 9:15 a.m. – 12:15 p.m.

Recommended for 3-4 year olds with previous preschool experience. Child must be age 3 and toilet trained by Aug. 31.

Annual Tuition: \$3,800

Supply fee: \$155

2-day AM Program – Orcas

Thu/Fri: 9:15 a.m. – 12:15 p.m.

Recommended for 3-4 year olds with little or no previous preschool experience. Child must be age 3 and toilet trained by Aug. 31.

Annual Tuition: \$2,550

Supply fee: \$125

3-day AM Program – Banana Slugs

Mon/Tue/Wed: 9:00 a.m. – 12:00 p.m.

Recommended for 3.5 year olds with preschool experience, and ready to enter Pre-K the following year. Child must be age 3.5 and toilet trained by Aug. 31.

Annual Tuition: \$3,800

Supply fee: \$155

CLASSES FOR 4-5 YEAR OLDS/PRE-K

3-day AM Program (Primarily Outdoor) – Fox Den

Mon/Tue/Wed: 9:15 a.m. – 12:15 p.m.

Recommended for 4-5 year olds with preschool experience, and ready to enter Kindergarten the following year. Child must be age 4 and toilet trained by Aug. 31.

Annual Tuition: \$3,800

Supply fee: \$175

2-day AM Enrichment Program – Jr. Naturalists

Thu/Fri: 9:15 a.m. – 12:15 p.m.

This session can be added to current Pre-K program. Child must be age 4 and toilet trained by Aug. 31.

Annual Tuition: \$2,550

Supply fee: \$125

4-day AM Program – Otters

Mon-Thu: 9:00 a.m. – 12:00 p.m.

Child must be age 4 and toilet trained by Aug. 31.

Annual Tuition: \$4,950

Supply fee: \$175

5-day AM Program with Enrichment – Otters

Mon-Fri: 9:00 a.m. – 12:00 p.m.

Friday enrichment with emphasis on math, literacy, and Kindergarten readiness skills. This session can be added to current Pre-K program. Child must be age 4 and toilet trained by Aug. 31.

Annual Tuition: \$5,450

Supply fee: \$195

3-day PM Program – Owls

Mon/Tue/Wed: 1:00 p.m. – 4:00 p.m.

Recommended for 4-5 year olds with preschool experience, and ready to enter Kindergarten the following year. Child must be age 4 and toilet trained by Aug. 31.

Annual Tuition: \$3,800

Supply fee: \$155

2019-20 Enrollment Agreement

1. *Registration fee:* I/We understand that the registration fee is non-refundable and must accompany my child's completed registration form. This fee is not applied to tuition.
2. *Tuition:* I/We 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, 2019 (5% savings on annual tuition fees).
 - Half by August 1, 2019 and half by January 1, 2020 (5% savings on annual tuition fees).
 - In 10 monthly installments, due the 1st of each month prior to month of attendance, with the first month deposit due **June 1, 2019**. The remainder of monthly payments are due on the 1st day of each month starting **September 1, 2019** and last payment due on **May 1, 2020**.
3. *Multiple child discount:* I/We 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. The referrals discount is limited to one discount per referred student. Once one family/person has received credit for a referred student, no additional referrals for that student will be accepted.
5. *Supply fee:* I/We understand that I must pay an annual supply fee due by **June 1, 2019**, and that this fee is non-refundable even if I leave before the school year is over.
6. *Late payments:* I/We understand that a \$30 late fee will be charged for each late payment.
7. *Non-Sufficient Funds:* I/We understand that a \$30.00 charge is assessed for each Non-Sufficient Funds (NSF) check.
8. *Late pickup fee:* I/We am/are aware of the hours of operation and agree to drop off and pick up my child promptly. I/We understand that if I am late, I will be charged \$25 for every half-hour or portion thereof, that I/we am/are late, starting 10 minutes past the end of my/our child's session.
9. *Snacks:* I/We understand that all parents are responsible for providing snacks (from an approved list) for my/our child's classroom on a rotating basis.
10. *Refunds:* I/We 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/we leave before the end of the month, fees and service charges paid for that month will not be

refunded. I/we also understand that I/we do not receive adjustments in tuition fees for holidays or days missed.

11. *Volunteering and Fundraising:* I/We understand that as a nonprofit organization and in an effort to keep tuition fees below our area's average, the school offers various volunteer opportunities and holds several fundraisers each year, and that my participation is expected.
12. *Responsibility:* I/We understand that the GGHF Curious by Nature School staff will assume full responsibility for my/our 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/our child.
13. *Location:* I/We 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/We understand that if I/we fail to arrange for pick-up of my/our child, and I/we 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/We agree to contact the school by 9 a.m. for any reason my/our child will not attend school on a regularly scheduled day.
16. *Illness/Emergency:* I/we understand that if an illness or medical emergency arises, the staff will try to contact me. If I/we cannot be reached and the emergency is such that medical attention is necessary, the staff has my permission to call 911 and my/our child may be taken to the hospital if determined by the EMT staff.
17. *Permission for Participation:* I/We give my/our child permission to fully participate in this program.
18. *Photography:* I/We grant permission for my/our child to be photographed for educational/publicity purposes.
Yes _____ No _____
19. *Parent Handbook:* I/We understand that a copy of the Parent Handbook will be given to me at the beginning of the school year, and I/we 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: _____

2019-2020 Contact Information

Student Information

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:

Check, as appropriate:

Parents married Parents Divorced Parents Separated

Father Remarried Mother Remarried Father Deceased Mother Deceased

Child lives with: Both parents Mother Father Guardian: _____

Special custody arrangements: _____

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/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:

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: _____

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

Describe what activities your child enjoys at home: _____

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

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

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

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

REQUIRED: Please check all the following volunteer opportunities that you are interested in:

<input type="checkbox"/> Outdoor Committee	<input type="checkbox"/> Community Events / Outreach
<input type="checkbox"/> Serving on the School Advisory Board	<input type="checkbox"/> Children's activity area at the Cider Festival on September 28, 2019
<input type="checkbox"/> Grant research & writing	<input type="checkbox"/> The Green Gig annual auction
<input type="checkbox"/> Fundraising/Special Events Committee	<input type="checkbox"/> Maritime Gig Festival Chair, June 2020
<input type="checkbox"/> Room Parent for: _____ (class)	<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: _____