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| gbt new logo**GBTC Official Use Only**Acceptance Date:\_\_\_\_\_\_Notified By: \_\_\_\_\_\_\_\_\_\_Amt Paid: \_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reg. Fee: \_\_\_\_\_\_\_\_\_\_\_\_1st Tuition: \_\_\_\_\_\_\_\_\_\_\_**GBTC Office Use Only**The following documents must accompany this application:Birth Certificate \_\_\_\_Immunization Card \_\_\_\_Copy of Parent’s Driver’s License *\_\_\_\_\_\_\_\_*Little Saints Academy of Greater Bethlehem Temple pre-school Enrollment application |
| **The submission of this form does not guarantee placement in the child care program. A non-refundable $100.00 registration fee must accompany this application along with the first two weeks’ tuition. Once all documents and fees are submitted to the LSA office, parents will be notified of placement.** |
| **Child’s Name: (Last) (First)**  |
| **Date of Birth:** | **Sex: M or F (circle one)** | **Age:** |
| **Is your child potty trained? YES** [ ]  **NO**[ ]  **Current caregiver:****Curriculum used at prior school:** |
| **Parent/Guardian Information** |
| **Father’s Name: (Last) (First)** |
| **Address:**  | **City, State, Zip** |
| **Home Phone:** | **Cell:** | **Office:** |
| **Occupation/Employer:**  |
| **Work Address:** | **City, State, Zip** |
| **Email Address:** |
| **Mother’s Name: (Last) (First)** |
| **Address:** | **City, State, Zip** |
| **Home Phone:** | **Cell:** | **Office:** |
| **Occupation/Employer:** |
| **Work Address:** | **City, State, Zip** |
| **Email Address:** |
| **Tuition Information****Tuition fees are accepted online at** [**www.gbtchurch.org**](http://www.gbtchurch.org) **Greater Bethlehem Temple Church or** [**www.littlesaintsgbtc.com**](http://www.littlesaintsgbtc.com) **website. Payments must be made every two weeks on the 5th or 20th or once per month or annually, but weekly payments will not be accepted. A discount of $10.00 will be given for families with more than one child attending the center. Rates are listed below.**  |
| **Tuition Rates: Biweekly Monthly** **Infants through Two Years $292.50 $585.00 Discount given, if paid monthly** **Three – Five Years $270.83 $541.66 Discount given, if paid monthly** **Hours of Operation: 7:30 a.m. – 5:30 P.M. Monday – Friday** **A technology fee of $100.00 per child will be assessed for parental classroom observations when the program is implemented.**  |
| **Are you interested in participating in the DHS voucher program? YES** [ ]  **NO** [ ]  **If yes, you must contact the Dept. of Human Services of Early Childhood Care 800-877-7882.** |

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| **EMERGENCY CONTACT INFORMATION & PROCEDURES****Please indicate whom we should contact in case of an emergency (other than parent)**. |
| 1st Choice:  | Cell Phone: | Alt Phone: |
| 2nd Choice: | Cell Phone: | Alt Phone: |
| **Please list the name(s) or person(s) other than parent or legal guardian to whom your child may be released.**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the name of any person your child **can not** be released to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are there any restrictions on your child’s activities that we should be aware of? YES [ ]  NO [ ] If yes, please explain.  |
| Please list any medical information/concerns or allergies you would like to share, which might help better serve your child. This information is confidential.Allergies:Medications (include purpose, dosage, frequency, and how it should be administered according to medical directions):**Medications will only be given as prescribed by doctor and written on the medicine container.** |
| In case of divorced or separated parents, are there any legal restrictions on the release of your child to either parent? YES or NOIf so, please provide formal documentation to keep in your child’s file. |
| **Emergency Instructions*** I give permission to GBTC personnel to **secure** emergency medical and/or surgical treatment for the minor child (listed (on page 1) while in its care.
* I do not give permission to GBTC personnel to secure emergency medical and/or surgical treatment for the minor child listed while in its care.
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| **Hospital preferred in case of emergency:** | **Phone:** |
| **FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)** |
| Please check the items in which you would like to allow your child to participate.* ***News information release*** (There may be times when staff members, news media, or others may wish to photograph or videotape your child during the program – name, portrait, picture, voice, or likeness.)
* ***Communication release*** (There may be times during the program that others wish to identify your child by name and grade in newsletters and publications.)
* ***Artwork release*** (There may be times during the program that staff members, news media or others wish to use artwork created by your child for use in print, video, Internet, or other communications methods.
* ***Internet use*** (I grant permission for my minor child to use Little Saints public internet with caregiver assistance and participation. Therefore, I will not hold Little Saints or its personnel liable.
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| **PARENT/GUARDIAN CONSENT** |
| By signing below, I give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in the Little Saints Academy understanding that child care personnel will adhere to my requests given according to responses on this application. I acknowledge the above Family Educational Rights and Privacy Act statements and expect personnel to adhere to responses given. Furthermore, I give consent or lack of consent (as indicated above) for a medical provision of emergency care while enrolled. I give permission to use artwork, videos, photographs, voice, or likeness of my child for promotional purposes (as indicated above) in a variety of mediums for the early child care center and local coverage of program events. |
| **Father’s Name: (PRINT)**  |
| **Mother’s Name: (PRINT)**  |
| **Father’s Signature: Date:** |
| **Mother’s Signature: Date:** |
| **Field Trip Permission** |
| I give my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, permission to participate in field trips as part of his/her experience at Little Saints Academy. I release Little Saints Academy from all liability for injury which might result from said field trips. I understand that I will be informed in advance of all field trips.**Father’s Name: (PRINT)** |
| **Mother’s Name: (PRINT)** |
| **Father’s Signature: Date:** |
| **Mother’s Signature: Date:** |
| **Release of Liability** |
| I do hereby release Little Saints Academy and its staff from any and all liability that may arise from any future injury to my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, resulting from other than willful or malicious actions by the releases, or any of them. |
| **Father’s Name: (PRINT)** |
| **Mother’s Name: (PRINT)** |
| **Father’s Signature: Date:** |
| **Mother’s Signature: Date:** |

**We adhere to all CDC and MSDH guidelines and regulations related to COVID-19 and other illnesses.**