


Start Date:

Gateway Christian Education Center 
 423 C Street St. Albans, WV 25177
 Phone: 304-727-8002 Fax: 304-721-8912

A. Child Information

Child's Name: _____ Birthdate: ___/___/___ Gender: ___ Lives with: _____

Child's School: _____ Address & Phone Number: _____

Child's Doctor: _____ Address & Phone Number: _____

Insurance: _____ Policy Number: _____

Preferred Hospital: _____ Address & Phone Number: _____

B. Family Information

Mother/Guardian Name: _____ Last 4 of Social: _____

Home Address: _____

Main Phone Number: (____) _____ Email Address: _____

Employer/School: _____ Phone Number: (____) _____

Father/Guardian Name: _____ Last 4 of Social: _____

Home Address: _____

Main Phone Number: (____) _____ Email Address: _____

Employer/School: _____ Phone Number: _____

C. Emergency Contact: Names and numbers of individuals to contact incase parents cannot be reached.

	Name	Address	Phone	Last 4 of Social
1.				
2.				
3.				

	Name	Address	Phone	Last 4 of Social
1.				
2.				
3.				
4.				

D. Authorized to pick up –must be on list to pick up .If more space is needed, add on back.

Parent Signature **date**

E. Medical Information

List all known allergies: _____

- **Please see office for Special Dietary Form**

List any other special needs or concerns: _____

F. Permission Forms

- I agree that a representative of GCEC may authorize the physician of his/her choice to provide emergency medical care in the event that neither I, my spouse, alternate contacts, nor my child’s doctor can be contacted immediately.

_____/____/____
parent signature & date

- I agree that GCEC can transport my school age child for non-emergency reasons, such as field trips. Written notice will be given to parents for each trip.

_____/____/____
parent signature & date

- I agree that GCEC can take photographs of my child during activities, projects or special events. The photographs will be used within the center for bulletin boards, newsletters, crafts etc.

_____/____/____
parent signature & date

G. Parent Handbook

I have received my GCEC Parent Handbook and fully understand all policies including, but not limited to:

Medication Administration, Discipline Policy, Severe Weather Guidelines, Emergency Plan and Grievance Policy. I have been given the opportunity to discuss specific needs concerning my child with the director and the child’s teacher. I understand that I am responsible for reading the handbook and becoming familiar with the policies of GCEC. I understand that if I have any future questions or concerns, I shall contact the office.

_____/____/____
Parent signature & date

H. Video Surveillance Acknowledgement:

Video technology enables our directors to see our children as they interact and play anytime they choose. Cameras are installed throughout the building in a discrete manner not to disrupt daily routines. We utilize cameras to ensure our children and staff are safe and secure. The videos can only be accessed from the office and do not

include sound features.

I. Financial Agreement

1. It is my desire to enroll _____ into GCEC.
(name of child)

2. I hereby agree **TO PAY:**

Please check (A) Connect/Link (B) Private Pay

- a. \$_____ Weekly rate (paid EACH Monday)
- b. My child will be attending though Connect /Link. I agree to pay all daily fees.
- c. I want to use Tuition Express to have weekly tuition automatically deducted from my bank account or credit card.

x_____ I understand I will be charged a onetime convenience fee of \$15.00 per year.
Initial

3. Payment of Fees

ALL tuition and fees are due on the Monday before the week of attendance. We cannot hold a spot for you if you are not paying your weekly tuition fee.

4. Registration Fee

I understand that the registration is a \$25.00 and is to be paid at the time of enrollment. This fee is per family, not child. This fee is also non-refundable. Renewal fee of \$5.00 may be charged at the beginning of each term (Fall & Summer).

5. Late Charges

I understand that if my child remains at GCEC past the 6:00pm closing time, I will be charged **\$1.00 PER MINUTE** for each minute late. Our teachers deserve to quit on time just as you do. I understand that this must be given to the caregiver in charge when I pick up my child. Any fee not paid will be added to the account and is to be paid that week. Repeated lateness will result in increase of fees or removal of enrollment.

6. Withdrawal

GCEC requires two weeks' notice when a child is to be withdrawn by the parents. The center will give the parents two weeks' notice if situations arise to warrant a child's loss of enrollment at the center. (Continued late payments, disregard of policies, extreme behavior problems etc.)

7. Returned Check Policy

I understand and agree that any returned check will result in a \$35.00 fee automatically charged to my account as a processing fee.

Start Date:

I have read this form and understand all terms, I accept the terms of this contract and agree to pay all fees. I also hereby release, indemnify and hold harmless the GCEC and its staff from any loss or damage to toys, clothes, or other personal items.

_____/_____/_____
Parent Signature Date

J. Schedule

The contracted days and hours for my child are as follows:

M ____AM/PM to ____AM/PM **T** ____AM/PM to ____AM/PM
W ____AM/PM to ____AM/PM **TH** ____AM/PM to ____AM/PM
F ____AM/PM to ____AM/PM

K. Illness policy

1. This center will not keep actively sick children for childcare. It is the parent’s responsibility to make alternate arrangements in the event of an illness. If a child becomes sick after being dropped off at the center, the child must be picked up within **ONE HOUR**.
2. If a child arrives at the center sick, the center has the right, at the discretion of the director or staff member in charge at the time, to ask that the child be taken back home until well, This will protect not only the sick child, but also the other children and staff.
3. A written statement of good health from a will be required in order to daycare in the following cases:
 - a. A child has been diagnosed with a communicable disease (streptococcus, head lice, pink eye, impetigo, scabies etc.) In case of Chicken Pox, we will check to make sure all pox are dried.
 - b. A child has had surgery or has been hospitalized.
4. Fever of 101 degrees or higher, vomiting or diarrhea – child must be fever free and symptom free for 24 hours before returning.
5. Colds or Flu – in cases of constant runny nose, cough, fever etc., we will request the child be seen by a doctor. During flu season, if flu like symptoms develop, we will call parent.
6. Rashes- if a child develops an unidentified rash, we will ask that a doctor check it out and verify in writing or by phone that it is not contagious.

I have read and understand the illness policy at GCEC.

_____/_____/_____
Parent’s Signature Date

Early Education Referral

Our teachers strive to meet the needs of you and your child. There are times during our relationship that we seek advice from other early education specialists to help us assess children and interpret assessment results to align curriculum to the interest and needs of your child. We are all a part of the team that supports your child’s development.

I agree that GCEC can make an early education referral to enhance the program for my child. I understand that I will be notified and included in any future planning concerning a referral for my child.

_____/_____/_____
Parent Signature Date

L. Medical History

- Was your child born premature? _____
- Any previous disease or major illness? _____
- Any operations? _____
- Any physical handicaps? _____
- Is your child under the care of a doctor? If so, why? _____
- Current medications? _____

M. Other Information

- Has your child been in group care before? [] Yes [] No
- Siblings name and ages: _____
- Others living in home: _____
- Pets/names: _____
- What is your child's interests? _____
- Does your child have any fears? _____
- How do you comfort your child? _____
- What is the best way to your child asleep? _____
- Does your child usually take daily naps? _____
- If your child is potty training, what words indicate they need to go? _____
- Is there any particular behavior (biting, shyness, speech etc.) demonstrated by your child that you would like help with? _____
- Any difficulty in speaking? _____
- Any special words or gestures? _____

Please list any other information about your child you feel would be helpful to us: _____

N. Civil Rights: The following must be on file required by the US Office of Civil Rights.

Does your child speak a native language other than English? _____ If yes, which language? _____

Does either parent speak a native language other than English? _____ If yes, which language? _____

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