



**FOR OFFICE USE ONLY:**

Date		Comments:
Check #		
Amount		

**REGISTRATION INFORMATION**

**2/3's Class:** 2 Day (Tues/Thurs) \_\_\_\_\_  
**3/4's Class:** 2 Day (Tues/Thurs) \_\_\_\_\_  
**3/4's Class:** 3 Day (Mon/Wed/Fri) \_\_\_\_\_  
**4/5's Class:** 3 Day AM (Mon/Wed/Fri) \_\_\_\_\_ PM (Mon/Wed/Fri) \_\_\_\_\_  
**Enrichment Class:** 2 Day PM (Tues/Thurs) \_\_\_\_\_ \*for 4/5 students or Kindergarteners only

CHILD'S NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ GENDER: M F

PLEASE DESCRIBE ANY ALLERGIES: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

EMAIL ADDRESSES \_\_\_\_\_

PARENTS'/GUARDIANS' FIRST/LAST NAMES: \_\_\_\_\_

Marital Status: Married Divorced Single

Custody/visitation arrangements: \_\_\_\_\_

<p><b>Mother's Information</b></p> <p>Work Phone &amp; Address _____</p> <p>_____</p> <p>_____</p> <p>Education, Occupations, Hobbies, Interests</p> <p>_____</p> <p>_____</p>
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<p><b>Father's Information</b></p> <p>Work Phone &amp; Address _____</p> <p>_____</p> <p>_____</p> <p>Education, Occupations, Hobbies, Interests</p> <p>_____</p> <p>_____</p>
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REGISTRATION INFORMATION CONTINUED...

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Siblings & their birthdates

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Other Household Members & Relationship

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HAS YOUR CHILD BEEN CARED FOR BY ANYONE OTHER THAN FAMILY? IF SO, PLEASE DESCRIBE: \_\_\_\_\_  
\_\_\_\_\_

DOES YOUR CHILD HAVE ANY HEALTH PROBLEMS OF WHICH WE SHOULD BE AWARE? IF SO, PLEASE DESCRIBE: \_\_\_\_\_  
\_\_\_\_\_

PLEASE DESCRIBE ANY REGULAR MEDICATIONS: \_\_\_\_\_  
\_\_\_\_\_

PLEASE DESCRIBE ANY SERIOUS INJURIES, SURGERIES, OR ILLNESSES:  
\_\_\_\_\_  
\_\_\_\_\_

<u>DOES YOUR CHILD HAVE FREQUENT</u>		
COLDS	YES	NO
EARACHES	YES	NO
FEVERS	YES	NO
SORE THROATS	YES	NO
STOMACH ACHES	YES	NO





BACKGROUND INFORMATION CONT...

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PLEASE DESCRIBE ANY SPECIAL FEARS YOUR CHILD HAS. \_\_\_\_\_

\_\_\_\_\_

DOES YOUR CHILD ACCEPT CORRECTION EASILY?                      YES                      NO

WHAT IS THE METHOD OF BEHAVIOR CONTROL USED IN YOUR HOME? \_\_\_\_\_

\_\_\_\_\_

WHEN DOES YOUR CHILD GO TO BED AT NIGHT? \_\_\_\_\_

WAKE UP? \_\_\_\_\_                      NAP? \_\_\_\_\_

PLEASE DESCRIBE ANY CONCERNS ABOUT YOUR CHILD'S DEVELOPMENT:

\_\_\_\_\_

\_\_\_\_\_

WHY ARE YOU SENDING YOUR CHILD TO PRE-SCHOOL? \_\_\_\_\_

\_\_\_\_\_

WHAT DO YOU HOPE WILL BE INCLUDED IN YOUR CHILD'S PRE-SCHOOL EXPERIENCE?

\_\_\_\_\_

\_\_\_\_\_

WHY DID YOU CHOOSE THE GRAYSLAKE CO-OP? \_\_\_\_\_

\_\_\_\_\_

HOW DID YOU HEAR ABOUT THE GRAYSLAKE CO-OP? \_\_\_\_\_

\_\_\_\_\_

WE HOPE YOU ENJOY YOUR YEARS AT GCNS!  
THANK YOU!!



## GCNS PARENT HELPER REQUIREMENTS

847.223.9820

As a member of GCNS all parents must participate on one committee, attend one toy cleaning night and serve as a Parent Helper in their child's classroom. These are required responsibilities for all Co-op members and they are essential to helping our school thrive.

The Parent Helper works no more than once a month. They assist the teacher and teacher's aide in providing a comfortable and enriching atmosphere for the children, along with providing a nutritious snack for the day. .

When scheduled, the Parent Helper must be present 30 minutes prior to the start of class and remain 30 minutes after to assist with clean-up. No children other than those enrolled in the class are allowed to attend the class.

**If a Parent Helper cannot be present on his/her scheduled day, he/she is responsible for providing his/her own substitute.** This may be allowing your spouse/grandparent/caregiver to help for this particular day, or finding another parent in your child's class to switch assigned Parent Helper days.

Smoking is not permitted at any time. Harsh language and corporal punishment are not be used at school.

I, \_\_\_\_\_, agree to carry out these responsibilities

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Signature of Parent

Date

## TUITION AGREEMENT

I, \_\_\_\_\_, understand that to *guarantee* my child's spot in his/her class, **I will need to pay a security deposit equal to the last month's tuition no later than May 1, 2012.** My child will not be officially enrolled in the class until this security deposit is received. If after May 1, 2012, I withdraw my child from GCNS, this money will be reimbursed only if the spot is filled in the class within 30 days. On May 1, 2013 the security deposit will be considered the final month's tuition payment.

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Signature of Parent

Date



## GCNS 2/3 CLASS PULL-UP POLICY

Pull-Up training pants will be permitted in the 2/3 class until December. Pull-Ups will be permitted with the understanding that the child is close to being potty trained, but may need the Pull-Ups for added security. The time between September and December should be used to ensure that your child is fully potty trained.

If your child has an accident in their pull-up during class time, you will be called to come to the school and change them. GCNS will enforce a “3 accident” policy. If you are called to the school 3 times for accidents, you will receive a phone call from your teacher or the Administrative Director. You will be given 2 weeks to reinforce potty training with your child. If there continues to be accidents after the 2 week period, you will be asked to keep your child at home until full potty training is accomplished.

During the time that your child is at home, you will still be responsible for making tuition payments in order to hold your child’s spot in the class.

Student’s Name: \_\_\_\_\_

Parent Signature and Date: \_\_\_\_\_