



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: _____

Mother's Information

Work Phone & Address _____

Education, Occupations, Hobbies, Interests

Father's Information

Work Phone & Address _____

Education, Occupations, Hobbies, Interests



REGISTRATION INFORMATION CONTINUED...

847.223.9820

Siblings & their birthdates

Other Household Members & Relationship

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



GRAYSLAKE COOPERATIVE NURSERY SCHOOL BACKGROUND INFORMATION

847.223.9820

Child's Name _____

Class _____

PLEASE CIRCLE THE WORDS BELOW THAT BEST DESCRIBE YOUR CHILD:

HAPPY
DEPENDENT
SLEEPY
ATTENTIVE

AGGRESSIVE
STUBBORN
SYMPATHETIC
CLUMSY

FRIENDLY
IMPULSIVE
QUIET
SHY

MOODY
FEARFUL
GOOD-NATURED
EVEN-TEMPERED

DOES YOUR CHILD PLAY WELL ALONE?
IN GROUPS?

YES
YES

NO
NO

ARE THERE ANY NEIGHBORHOOD PLAYMATES?

YES

NO

WHAT AGE CHILDREN DOES YOUR CHILD USUALLY PLAY WITH? _____

PLEASE DESCRIBE ANY GROUP PLAY EXPERIENCES, PREVIOUS PRE-SCHOOL OR DAY CARE:

WHEN WAS YOUR CHILD TOILET TRAINED? _____

DESCRIBE ASSISTANCE NEEDED AND WORDS USED: _____

GRAYSLAKE CO-OP NURSERY SCHOOL URGES YOU TO WORK WITH YOUR CHILD SO THAT HE/SHE CAN BE INDEPENDENT IN CLEANING HIMSELF/HERSELF.

PLEASE DESCRIBE ANY PROBLEMS WITH VISION, HEARING, OR SPEECH:

DO OTHERS UNDERSTAND WHEN YOUR CHILD SPEAKS? 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

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.

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: _____