

**GAYLORD COMMUNITY SCHOOLS**  
**Preschool Program**  
 650 E. Fifth Street  
 Gaylord, MI 49735  
 989-705-3009

**2008-09 SCHOOL YEAR REGISTRATION INFORMATION**

**STUDENT and FAMILY INFORMATION**  
 ◆ PLEASE PRINT ALL INFORMATION CLEARLY ◆

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender (please circle): Male / Female Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 PLEASE NOTE: Student MUST be four (4) on or before December 1, 2008 and completely toilet-trained to enroll in program.

Student's Name: \_\_\_\_\_  
 Last First Middle Preferred Name / Nickname

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Adults residing in the home: \_\_\_\_\_

*Relationship to Child (please select)*

Both Natural Parents     Father Only     Host Family     Divorced/Joint Custody  
 Father / Stepmother     Mother Only     Grandparent(s)     Relative  
 Mother / Stepfather     Legal Guardian     Court Placed     Adult Student

Employer (MOTHER): \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Employer (FATHER): \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Previous Preschool / Daycare Attended: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Street City Zip Code

Student Ethnic Code (Use 1, 2, 3 to rank primary and secondary ethnic groups):

American Indian     Asian American     Black/African American  
 Hawaiian / Pacific Island     Hispanic / Latino     White

| ALLERGIES:                      | MEDICAL CONDITIONS:                    |   |
|---------------------------------|--|---|
| <input type="checkbox"/> Food   | <input type="checkbox"/> Asthma        | Other Medical - please explain:<br>_____<br>_____<br>_____<br>_____ |
| <input type="checkbox"/> Animal | <input type="checkbox"/> Heart Problem |   |
| <input type="checkbox"/> Other  | <input type="checkbox"/> Diabetes      |   |
| Please explain:                 | <input type="checkbox"/> Other Medical |   |
|                                 |  |   |

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If the physician cannot be reached, the school may make necessary arrangements for the well being of my child.

\_\_\_\_\_  
 Doctor's Name Office Location Address Office Phone Number

\_\_\_\_\_  
 Emergency Person #1 Relationship Address Daytime Phone Number

\_\_\_\_\_  
 Emergency Person #2 Relationship Address Daytime Phone Number

**Student's Name:** \_\_\_\_\_  
 Last First Preschool Supervisor

**Special Needs:** Does your child have any professionally identified special needs that we need to be aware of (please circle)? YES / NO  
 If yes, please provide additional information here: \_\_\_\_\_

| Other children who reside in home: |            |        |                   |
|------------------------------------|------------|--------|-------------------|
| Name (Last, First):                | Birthdate: | Grade: | School Attending: |
|                                    |            |        |                   |
|                                    |            |        |                   |
|                                    |            |        |                   |

**PRESCHOOL PROGRAM INFORMATION:**

The Gaylord Community Schools Preschool Program is for children who will be FOUR YEARS OLD on or before December 1, 2008.

The Gaylord Community Schools Preschool Program is a five-day-a-week program. Partial schedules cannot be accommodated.

The Gaylord Community Schools Preschool Program offers full-day and half-day programs. Preference will be given to full-day enrollment requests in the event that limited space is available.

The Gaylord Community Schools Preschool Program will run on the same calendar as the Gaylord Community Schools. The preschool will not be open on holidays, breaks and other days as identified in the yearly GCS calendar. All dates and/or closures are subject to change. Parents/students will be notified accordingly in advance of any scheduled or necessary closures and/or changes.

Tuition for the Gaylord Community Schools Preschool Program is based on the 36-week Gaylord Community Schools calendar year (38 weeks minus ONE week for Christmas Holiday and ONE week for Spring Break).

Full payment of tuition is expected based on full- or half-day enrollment. There are no credits for weeks and/or months that run shorter than other months. There are no credits for days/weeks not attended due to personal/family vacations, illness, etc.

DHS payment is accepted. Parents are responsible for balance of tuition that is not paid by DHS.

Full-day and morning half-day students will have the option to purchase their lunch from the Gaylord Community Schools Food Service Department. A separate charge will be incurred and is based on current school lunch prices.

Gaylord Community Schools will not provide busing services for the Preschool Program.

An after school latchkey program is available at South Maple Elementary for those families needing after school childcare. The latchkey program closes at 5:45 p.m. Separate registration for the latchkey program is required.

| <b>FULL-DAY TUITION RATES</b>  | <b>HALF-DAY TUITION RATES (M-T-W-TH-F)</b>   |
|--|--|
| <b>M-T-W-TH-F, 8:00 – 3:00 p.m.</b>  | <b>M-T-W-TH-F, 8:00 – 11:30 a.m. OR 11:30 a.m. - 3:00 p.m.</b>   |
| <b>\$3,960/year *</b>  | <b>\$2,160/year *</b>  |
| \$440/month<br>(9 months: Sep, Oct, Nov, Dec, Jan, Feb, Mar, Apr, May)   | \$240/month<br>(9 months: Sep, Oct, Nov, Dec, Jan, Feb, Mar, Apr, May)   |
| \$110/week (36 weeks)  | \$60/week (36 weeks)   |
| *A 5% pre-payment discount will be offered for full-year tuition payments received on or before October 1, 2008. | *A 5% pre-payment discount will be offered for full-year tuition payments received on or before October 1, 2008. |

**A \$100 non-refundable deposit is required to secure enrollment in the Preschool Program.**

**PRESCHOOL PROGRAM SELECTION:**

\_\_\_\_\_ I am interested in FULL-DAY preschool  
 \_\_\_\_\_ I am interested in ½-day preschool (8:00 – 11:30 a.m.)  
 \_\_\_\_\_ I am interested in ½-day preschool (11:30 – 3:00 p.m.)

\_\_\_\_\_ PLEASE ADD MY FAMILY TO YOUR MAILING LIST AT THE ADDRESS I HAVE PROVIDED.