



## Grosse Pointe Public Schools Child Development and Preschool Program Registration Packet- Full Day Programs

20090 Morningside Drive, Grosse Pointe Woods, MI 48236 Telephone (313) 432-3809

The following is required to complete the enrollment process:

- ☐ Payment of non-refundable Registration Fee
- ☐ Child Information Record
- ☐ Completed Registration Packet
- ☐ Health Appraisal Form and Vaccination Record (due by first day of attendance)

## Child Information

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Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Does your child have a nickname or alternate name: \_\_\_\_\_

Child's Home Language : \_\_\_\_\_

Parent Names: \_\_\_\_\_

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

Parent Phone Number: \_\_\_\_\_

Email Address for Teacher Communication: \_\_\_\_\_

Has your child attended a child care or preschool program before: (please circle) YES NO

Number of days requested: \_\_\_\_\_ Circle days : M T W TH F

Are your days flexible? YES NO

Child arrival time: \_\_\_\_\_ Child departure time: \_\_\_\_\_

Does your child have any food allergies or restrictions: YES NO

*If yes, please complete the Food Allergy/Dietary Restriction Form*

Are you a Grosse Pointe Public School District full time employee: YES NO

Does your child have any special comfort items for nap time? \_\_\_\_\_

Is there any additional information we should know about your child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.



# Policy Agreements

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Please initial below to indicate agreement:

\_\_\_\_\_ I will provide a daily lunch for my child if attending a full day program.

\_\_\_\_\_ I grant my child permission to eat morning and afternoon snacks provided by the program.

\_\_\_\_\_ I grant the GPPSS Preschool program permission to take my child on neighborhood walks.

\_\_\_\_\_ I understand that children attending full day programs will play outside each day, weather permitting. Children will play outside if the temperature is above 20 degrees, and if there are no extreme heat advisories in place.

\_\_\_\_\_ I understand that nap time (approx. 12:30-2:30 pm) or quiet time will take place each day for all children in full day programs.

\_\_\_\_\_ I have received and signed the Child Care Contract regarding diapering and toilet training.

\_\_\_\_\_ I understand that my child must be up to date on immunizations and I will provide an immunization record to the preschool office. If my child is not current on their vaccinations, I will provided a waiver from the health department with my child's health appraisal, due at the time of enrollment.

\_\_\_\_\_ I understand that if my child becomes ill during the school day, he/she will need to be picked up within one hour. Additionally, children must be symptom free for 24 hours before returning to school.

\_\_\_\_\_ I give permission to the GPPSS Child Development and Preschool to apply the following when needed: (circle all that apply)

*Sunscreen*

*Lip Balm*

*Diaper Cream*

\_\_\_\_\_ I authorize and permit the public and private use, broadcast, publication, reproduction, release, copyright, exhibition and distribution of student work, likeness of, photographs, images, video or audio recordings. I authorize such disclosure for the purpose of providing information regarding GPPSS programs or activities.

\_\_\_\_\_ Only persons listed on the Child Information Record will be allowed to pick up my child from school. The Michigan Dept. of Licensing and Regulatory Affairs (LARA) requires a court order be on file if a parent is prohibited from picking up a child.

\_\_\_\_\_ I have received and reviewed the Parent Handbook and agree to the terms and policies set forth by the GPPSS Child Development and Preschool Program.

\_\_\_\_\_ I understand that a licensing notebook is available for families to review inspections and reports of the program.



# Tuition Agreements

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Please initial below to indicate agreement:

\_\_\_\_ Payment of the registration fee is required to secure placement. Families will have 48 hours to make payment after accepting placement.

\_\_\_\_ Tuition is computed for the entire school year and is billed monthly in equal installments, including December and April.

\_\_\_\_ Tuition is due on the 1<sup>st</sup> of each month.

\_\_\_\_ A late fee of 10 % of the past due tuition amount will be assessed to payments made after the 1<sup>st</sup> of each month.

\_\_\_\_ Children with an account past due without a formal payment plan set-up with the billing department will be withdrawn from the program.

\_\_\_\_ Tuition is due regardless of vacation, extended travel, snow days or sick days. Children in full day programs are allowed a vacation credit equal to the number of days attended per week (5 days max). Your account must be current without an outstanding balance to request a vacation credit. Requests must be made in writing to the program director at least one week prior to use.

\_\_\_\_ I understand that if I pick my child up after 6:00pm a late fee of \$20/child for every 20 minutes or fraction thereof. Excessive late pick-ups may result in termination from the program.

\_\_\_\_ A two-week written notice is required if families withdraw from the program. Any refund will be prorated two weeks minus a \$15 processing fee after notice of withdrawal is received.



# Allergy Information/Dietary Restrictions

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Please complete the following form if your child has an allergy or restriction.

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Allergies:** \*a formal allergy action plan will be sent to you if required

What is your child allergic to? \_\_\_\_\_

Has a physician diagnosed this allergy? \_\_\_\_\_

What are the signs/symptoms of this allergy?

\_\_\_\_\_  
\_\_\_\_\_.

What action should be taken if we observe the child is having an allergic reactions?

\_\_\_\_\_  
\_\_\_\_\_.

## Dietary Restrictions

Please explain in detail the non-allergy dietary restrictions your child may have based on family preferences, religious affiliation, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**I understand that if my child has an food allergy or restriction, I will be responsible for sending in a supplemental morning or afternoon snack for my child.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Child Care Contract- Diapering and Toilet Training

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## Full Day Programs:

Infants, Toddlers and Prep: Parents of children in full day infant, toddler, and preschool prep classrooms are responsible for providing diapers (or pull-ups) and wipes. Diapers will be checked every two hours, and changed when wet or soiled. Single use disposable gloves will be worn by staff members during the diapering or toileting process. Children are never left alone or unsupervised while on a changing table.

Barnes Preschool: If children are not fully potty trained by the time they attend three year old full day preschool, they will be required to wear a pull-up. Diapers are not allowed in our three year old full day classroom. Teachers will work with children and parents to encourage independent toilet training skills.

Monteith Preschool and all Pre-K's: Children enrolling in full day Preschool at Monteith and any Pre-K class, must be fully potty trained in order to attend. If children are not fully potty trained by the first day of school, families must contact the Preschool Director to arrange for a delayed start date. The GPPSS Child Development and Preschool Program understands that young children do have accidents sometimes. Children who have daily or weekly accidents will not be considered fully potty trained and may be asked to take some time off from the program. There will be no refund of tuition or credit given.

If a child has an accident at school, the child will be taken to the bathroom. An adult, with disposable gloves, will assist the child in removing the soiled clothes. An extra clean set of clothes, provided by the parent, will be kept at school. An adult will hand the clean clothes to the child and the child will dress themselves. If diarrhea is present more than once in a day, the child must be picked up from the program

Signing the line below indicates that the parent, guardian or responsible adult has read the Child Care Contract and agrees with the provisions stated above.

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Printed name of Parent/Guardian

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Signature

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Date