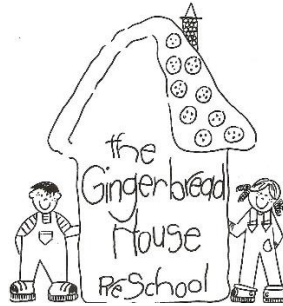


2020-2021 REGISTRATION INFORMATION



The Gingerbread House Registration Policy

1. A \$75 fee is required for each registration form. If you find your child is unable to attend GBH during the 2020-2021 school year, \$25 will be refunded to you if we are notified in writing by May 22nd, 2020. No amount can be refunded after May 24th, 2020.

2. January 17----- Current GBH students and their siblings may register
January 24----- Those children with previous GBH affiliation may register
January 31----- New student registration

3. **Forms cannot be processed without the \$75 registration fee.**

4. Make sure all immunizations are complete! Please use our form to record the dates and sign and date at the bottom.

5. If you are unable to provide certain information, please cross the line off and initial it. If there are no health concerns please put none; don't leave blank

TUITION FOR STUDENTS WHO TURNED 3 BEFORE JULY 31, 2020:

5 days a week	\$360.00 per month (includes cost of monthly field trips)
4 days a week	\$288.00 per month (includes cost of monthly field trips)
3 days a week	\$210.00 per month
2 days a week	\$142.00 per month

TUITION FOR CHILDREN TURNING 3 AFTER JULY 31, 2020:

2 days a week	\$164.00 per month
1 day a week	\$ 82.00 per month

IF YOU ARE ENROLLING MORE THAN ONE CHILD FROM YOUR FAMILY THE SECOND CHILD'S TUITION IS REDUCED 20%.

NEW PAYMENT POLICY

Payment is made on a monthly basis and is due on or before the 10th of each month (cash, check, credit card, and automatic withdrawal are acceptable forms of payment). Tuition is based on the understanding that if your child misses school due to illness, vacation, etc. and you wish their class space to be reserved you are expected to maintain his monthly tuition payment. **A \$10.00 late fee will be added on the 11th of each month, an additional \$20.00 will be added on the 20th, and an additional \$50.00 will be added if payment is not received before the last day of the month. These late fees WILL NOT be waived unless you have communicated with the office on or before the 10th of each month-no exceptions.**

Registration for THE GINGERBREAD HOUSE PRESCHOOL 2020-2021

2410 Bob Boozer Dr.
Omaha, Nebraska 68130
402-330-3497
www.gbhpreschool.com

Office Use
Jan 17 _____
Jan 24 _____
Jan 31 _____

Child's Name _____
(last) (first) (middle) (boy) (girl)

Child's Birthday _____
(month/day/year) (Name I wish to have my child called)

Home Address _____ City _____ Zip _____

Housing Area _____ Primary Phone # _____

Name of Parents _____ Email _____

Brothers/Sisters Names and Ages _____

Has your child attended preschool previously? _____ If so, where? _____

If GBH, who is current teacher _____ Have other siblings attended GBH? _____

PLEASE CHECK THE SESSION FOR WHICH YOU WISH TO ENROLL YOUR CHILD AND MARK A 1ST AND 2ND CHOICE.

CLASSES FOR CHILDREN WITH 1 YEAR BEFORE KINDERGARTEN. (4 years by July 31, 2020)

- 5 Day A.M. 9:00 - 11:30 _____
- 5 Day PEP (Preschool Enriched Program) P.M. 12:30-3:00 _____
- Monday, Wednesday, Friday A.M. 9:00 - 11:30 _____
- Monday, Wednesday, Friday PEP P.M. 12:30 - 3:00 _____
- Monday, Tuesday, Wednesday, Thursday PEP P.M. 12:30 - 3:00 _____
- Tuesday, Thursday A.M. 9:00 - 11:30 _____
- Tuesday, Thursday P.M. PEP 12:30 - 3:00 _____

CLASSES FOR CHILDREN WITH 2 YEARS BEFORE KINDERGARTEN (3 years by July 31, 2020)

- Monday, Wednesday, Friday A.M. 9:00 - 11:30 _____
- Monday, Wednesday A.M. 9:00 - 11:30 _____
- Tuesday, Thursday A.M. 9:00 - 11:30 _____
- Tuesday, Thursday P.M. 12:30 - 3:00 _____

CLASSES FOR CHILDREN TURNING 3 YEAR AFTER JULY 31, 2020. (THEY MAY START ANYTIME AFTER TURNING 3).

- Tuesday, Thursday A.M. 9:00-11:30 _____
- Tuesday, Friday A.M. 9:00-11:30 _____
- Friday A.M. 9:00 - 11:30 _____

PARENT

Name: _____
Address: _____
City: _____
Home Phone: _____
Cell Phone: _____
Company Name: _____
Work Phone: _____

PARENT

Name: _____
Address: _____
City: _____
Home Phone: _____
Cell Phone: _____
Company Name: _____
Work Phone: _____

PLEASE LIST THE PEOPLE OTHER THAN PARENTS WHO WILL BE RESPONSIBLE FOR YOUR CHILD IN CASE OF AN EMERGENCY AND TO WHOM THE PRESCHOOL STAFF MAY RELEASE THE CHILD.

Name: _____ Name: _____ Name: _____
Relationship to child: _____ Relationship to child: _____ Relationship to child: _____
Phone: _____ Phone: _____ Phone: _____

Do you give your permission for your phone number to be released for the purpose of carpooling, birthday parties, before or after school playing with classmates? Yes _____ No _____

Do you give your permission for your child’s picture to be used on GBH website, Facebook, and Instagram? Yes _____ No _____

TRANSPORTATION PERMISSION: (for students who have 1 year before entering kindergarten)

I hereby give THE GINGERBREAD HOUSE permission to transport or arrange for transportation of my child _____ . I understand that field trips will be taken on leased buses.
(name of child)

(signature of parent) (date)

HEALTH INFORMATION - If your child has no concerns please write “none”.

Physical limitations, allergies, health problems, or current medications:

If any of the above information changes during the year please contact us immediately.

CONSENT TO CONTACT PHYSICIAN IN AN EMERGENCY:

In the event I cannot be reached, I give my consent to THE GINGERBREAD HOUSE to contact

(name of physician) (phone)

and, if necessary, take my child to the following hospital:

(Hospital) (signature of parent) (date)

IMMUNIZATION INFORMATION REQUIRED BY NEBRASKA STATE LAW

STUDENT NAME _____
Last First DOB

*Due to state law we are required to have a new immunization form filled out every year and kept on file for the year.

IMMUNIZATIONS

DPT (Diphtheria-Tetanus-Pertussis)
Mo. & Yr. Physician _____
1. _____
2. _____
3. _____
4. _____

Pneumonia (PCV, Pevnar, Pneumovax)
Mo. & Yr. Physician _____
1. _____
2. _____
3. _____
4. _____

IPV (Polio)
Mo. & Yr. Physician _____
1. _____
2. _____
3. _____

Varicella (Chicken Pox)
Mo. & Yr. Physician _____
1. _____

Has your child had chicken pox? Yes _____ No _____
If yes, please list the date _____

MMR (Measles-Mumps-Rubella)
Mo. & Yr. Physician _____
1. _____

Comvax (Hib-Hep. B)
Mo. & Yr. Physician _____
1. _____
2. _____
3. _____

I certify that the above information is correct to the best of my knowledge.

Signature of Parent or Physician

Date

GINGERBREAD HOUSE HELPERS

We are always in need of helpers at school. Please complete this section if you are willing to help while your child attends class. There is a modest tuition reduction for families who choose to do this. Grandparents, Aunts, and Uncles are welcome to help, too.

While my child is at school, I would like to be scheduled to work at school:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

I am interested in working: _____ every week _____ every other week _____ once a month

*You will be contacted over the summer to finalize a schedule.

Name of adult who will help

phone

email

