

# Registration for THE GINGERBREAD HOUSE PRESCHOOL 2018-2019

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

Office use
Jan 19 _____
Jan 26 _____
Feb 2 _____

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, 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, 2018)**

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 P.M. 12:30 - 3:00 \_\_\_\_\_

Monday, Tuesday, Wednesday, Thursday P.M. 12:30 - 3:00 \_\_\_\_\_

Tuesday, Thursday A.M. 9:00 - 11:30 \_\_\_\_\_

Tuesday, Thursday P.M. 12:30 - 3:00 \_\_\_\_\_

**CLASSES FOR CHILDREN WITH 2 YEARS BEFORE KINDERGARTEN (3 years by July 31, 2018)**

Monday, Wednesday, Friday A.M. 9:00 - 11:30 \_\_\_\_\_

Monday, Wednesday A.M. 9:00 - 11:30 \_\_\_\_\_

Monday, Wednesday P.M. 12:30 - 3:00 \_\_\_\_\_

Tuesday, Thursday A.M. 9:00 - 11:30 \_\_\_\_\_

Tuesday, Thursday P.M. 12:30 - 3:00 \_\_\_\_\_

Friday P.M. 12:30 - 3:00 \_\_\_\_\_

**CLASSES FOR CHILDREN TURNING 3 YEARS OF AGE AFTER JULY 31, 2018. (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 \_\_\_\_\_

**FATHER**

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_

City: \_\_\_\_\_

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

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

Cell# \_\_\_\_\_

Working hours: \_\_\_\_\_

**MOTHER**

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_

City: \_\_\_\_\_

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

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

Cell# \_\_\_\_\_

Working hours: \_\_\_\_\_

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.

(Please indicate if person listed is your child's babysitter)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ 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 or Facebook? Yes \_\_\_\_\_ No \_\_\_\_\_

**HEALTH INFORMATION (PLEASE COMPLETE IMMUNIZATIONS ON BACK OF THE LAST PAGE)**

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 to make arrangements, I hereby give my consent to

THE GINGERBREAD HOUSE to contact \_\_\_\_\_

(name of physician)

\_\_\_\_\_ (city)

\_\_\_\_\_ (phone)

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

\_\_\_\_\_

\_\_\_\_\_ (signature of parent)

\_\_\_\_\_ (date)

**TRANSPORTATION PERMISSION:**

I hereby give THE GINGERBREAD HOUSE permission to transport or arrange for transportation of my child \_\_\_\_\_

(name of child)

I understand that field trips will be taken on leased buses.

\_\_\_\_\_  
(signature of parent)

\_\_\_\_\_  
(date)

**IF YOU ARE ENROLLING MORE THAN 1 CHILD FROM YOUR FAMILY THE SECOND CHILD'S TUITION IS REDUCED BY ONE FOURTH.**

Tuition fees:	5 days a week	\$340.00 per month (includes cost of monthly field trips)
	4 days a week	\$272.00 per month (includes cost of monthly field trips)
	3 days a week	\$198.00 per month
	2 days a week	\$132.00 per month
	1 day a week (Friday PM)	\$ 66.00 per month

Tuition fees for children turning 3 after July 31, 2018 (Classes limited to 8 students)

	2 days a week	\$156.00 per month
	1 day a week	\$ 78.00 per month

A \$75 fee will be required for each registration form. If you find your child is unable to attend GBH during the 2018-2019 school year, \$25 will be refunded to you if we are notified in writing by May 25th. No amount can be refunded after May 25th, 2018.

Payment is made on a monthly basis and is due the first week of each month. Tuition is based on the understanding that if your child misses school due to illness, vacation, etc. and you wish his class space to be reserved you are expected to maintain his monthly tuition payment. A late fee will be assessed after the 10<sup>th</sup> of the month.

If you are interested in being a parent helper at school, please complete this section. There is a modest tuition reduction for families who choose to do this.

\_\_\_\_\_ 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)

**PLEASE COMPLETE IMMUNIZATIONS ON BACK OF THIS PAGE**

**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. \_\_\_\_\_

**IPV (Polio)**

Mo. & Yr.                      Physician \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**MMR (Measles-Mumps-Rubella)**

Mo. & Yr.                      Physician \_\_\_\_\_

- 1. \_\_\_\_\_

**Pneumonia (PCV, Prevnar, Pneumovax)**

Mo. & Yr.                      Physician \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Varicella (Chicken Pox)**

Mo. & Yr.                      Physician \_\_\_\_\_

- 1. \_\_\_\_\_

Has your child had chicken pox? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the date \_\_\_\_\_

**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

# 2018-2019 REGISTRATION INFORMATION

## 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 2018-2019 school year, \$25 will be refunded to you if we are notified in writing by May 25<sup>th</sup>, 2018. No amount can be refunded after May 25<sup>th</sup>, 2018.
2. **January 19**----- Current GBH students and their siblings may register  
**January 26**----- Those children with previous GBH affiliation either personally or through an immediate family member may register  
**February 2**-----New student registration
3. For your convenience, registration forms may be mailed or dropped off in the office prior to your child's registration date. These forms will not be given any preference and will be processed on the appropriate date. All forms received by January 19th for current students and siblings will be processed at the end of that school day. Some classes fill up the first day of registration. The same practice will be in place for the January 26th and February 2<sup>nd</sup> deadlines.
4. **Forms cannot be processed without the \$75 registration fee and fully completed immunization records.**

Due to state regulations, we are required to have a new information form filled out every year on your child and kept on file for the year. Please initial any blanks you are not able to complete. THANK YOU!

### *For Your Information*

Dear Parents,

Much of the information requested on our registration form is required by the state licensing board. Please acknowledge any line you do not fill out ie: if your child does not have any health concerns please put "none known" instead of leaving it blank. Please be sure to fill in the name of an emergency facility on the bottom of the second page.

If you are unable to provide certain information, please cross the line off and initial it.

Make sure all immunizations are complete! Doctor's forms are not accepted by The Gingerbread House. Please use our form to record the dates.

**Forms cannot be processed without all required information and the \$75 registration fee.**