

# Registration for THE GINGERBREAD HOUSE PRESCHOOL 2019-2020

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

Office use
Jan 18 _____
Jan 25 _____
Feb 1 _____

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, 2019)**

- 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, 2019)**

- 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 \_\_\_\_\_

**CLASSES FOR CHILDREN TURNING 3 YEARS OF AGE AFTER JULY 31, 2019. (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: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
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, Facebook, and Instagram? Yes \_\_\_\_\_ No \_\_\_\_\_

**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)

**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)

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

\_\_\_\_\_  
(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. \_\_\_\_\_

Varicella (Chicken Pox)

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

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

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

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

IPV (Polio)

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

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

Comvax (Hib-Hep. B)

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

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

MMR (Measles-Mumps-Rubella)

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

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

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

\_\_\_\_\_  
Signature of Parent or Physician/Date

Pneumonia (PCV, Prevnar, Pneumovax)

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

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

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 also 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)

# 2019-2020 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 2019-2020 school year, \$25 will be refunded to you if we are notified in writing by May 24<sup>th</sup>, 2019. No amount can be refunded after May 24<sup>th</sup>, 2019.
2. **January 18**----- Current GBH students and their siblings may register  
**January 25**----- Those children with previous GBH affiliation either personally or through an immediate family member may register  
**February 1**-----New student registration
3. **Forms cannot be processed without the \$75 registration fee.**
4. Make sure all immunizations are complete! Doctor's forms are not accepted by The Gingerbread House. Please use our form to record the dates.
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

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	5 days a week	\$350.00 per month (includes cost of monthly field trips)
	4 days a week	\$280.00 per month (includes cost of monthly field trips)
Tuition fees:	3 days a week	\$204.00 per month
	2 days a week	\$138.00 per month

Tuition fees for children turning 3 after July 31, 2019 (Classes limited to 8 students)

	2 days a week	\$160.00 per month
	1 day a week	\$ 80.00 per month

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

Payment is made on a monthly basis and is due the first week of each month (cash, check, credit card, & 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 his class space to be reserved you are expected to maintain his monthly tuition payment. A \$10.00 late fee will be assessed after the 10<sup>th</sup> of the month.