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| GBC Child & Family Center Registration PacketLogo, company name  Description automatically generated |
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| GBC Child & Family Center | 1500 College Parkway Elko, NV 89801 | Phone: 775-327-2387 Fax: 775-327-5092 |

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 **GBC CHILD AND FAMILY CENTER**

 **PRESCHOOL OPTIONS**

# PRESCHOOL CLASS OPTIONS

**2 YR OLD CLASS OPTION**

**Child must be 2 by August 1st**

 **T.TH. A.M. (Bumblebees) 8:00-11:00 3 hrs $250.00 per month**

**3 YR OLD CLASS OPTIONS**

**Child must be 3 by August 1st**

|  |  |  |  |
| --- | --- | --- | --- |
|  **M.W.F. A.M. (Butterflies)** |  **8:00-11:00** |  **3 hrs** |  **$300.00 per month** |
|  **T.W.TH. P.M. (Ladybugs)** | **12:30-3:30** |  **3 hrs** |  **$300.00 per month** |

**4 YR OLD CLASS OPTIONS**

**Child must be 4 by August 1st**

|  |  |  |  |
| --- | --- | --- | --- |
|  **M-TH A.M. (Meadowlarks)** | **7:45-11:15** | **3 ½ hrs** |  **$315.00 per month** |
|  **M-TH P.M. (Bluebirds)** | **12:45-4:15** | **3 ½ hrs** |  **$315.00 per month** |

**LITERACY GRANT PRESCHOOL PROGRAM OPTION**

**Age & income requirements must be met to qualify for this program.**

 **M-F (Fireflies) AM Only 7:30-12:30 5 hrs Free to those that qualify**

 **M-F (Fireflies) AM & PM 7:30-5:30 Full day** $367 per month to those that qualify

### GRANT PLACEMENT

 Preschool aged children qualify for the program if they are 4-years-old by August 1st and meet the 200% Federal

 Poverty Guidelines.

 Priority will also be given to students whose parent/guardian is currently serving on active duty, is currently a POW

 or MIA, or who has died as a direct result of injuries while serving in the US military, as well as students who are

 considered “homeless”.

#####  Preschool seats will be dependent upon grant funding sources. Final approval will not be made until

#####  the legislative session is complete.

**FULL DAY OPTIONS**

**Child must be 3 or 4 by August 1st**

 **3 yr old M-F (Hummingbirds) 7:15-5:30 Full day $800 per month**

 **4 yr old M-F (Fireflies) 7:15-5:30 Full day $750 per month**

### PLACEMENT & WAITING LIST PRIORITIES

 Placement priority for program availability is given to children who are currently enrolled at the Child Center, their

 siblings, and to children of Great Basin College employees. The cutoff date for this priority is March 31st. Once the

 priority date has expired, then open enrollment will begin on April 1st. Placement will then be determined

 according to the registration date on a first come, first serve basis

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 Priority will also be given to students whose parent/guardian is currently serving on active duty, is currently a POW

 or MIA, or who has died as a direct result of injuries while serving in the US military, as well as students who are

 considered “homeless”.

 **GBC Child & Family Center Registration Packet**

##### Please check which program you are registering for: 2 Yr Old Class 3 Yr Old Class 4 Yr Old Class

 **3 Yr old full day 4 Yr old full day 4 Yr Old Grant Class**

**Please complete each line. Indicate N/A if it does not apply.**

Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial Placement Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Preferred Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Physical Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Mother/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Active duty, POW, MIA or homeless? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Father/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Active duty, POW, MIA or homeless? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you? Married Divorced Separated Single Parent Widowed Living w/significant other

Child lives with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of person(s) legally responsible for child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other than parents: person(s) authorized to visit or pick up child **(must be at least 18)**. Please check box if they are an emergency contact.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission to Release Information**

I understand that the time my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) is in the facility, that the director may be asked for information regarding my child.

 I hereby give permission to release information to official persons only who identify themselves, such as schools, health care personnel, welfare, or other governmental officials.

 I do not give permission to release information about my child as set forth in the aforementioned statement. I understand that Child Care Licensing has access to my child’s records as the licensing agent and may view the records upon Child Care Licensing facility inspection.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Permission to Participate**

**Please read and initial the following. I hereby grant permission for:**

\_\_\_\_\_\_ My child(ren) to use all the play equipment and participate in all of the activities at the Child & Family Center.

\_\_\_\_\_\_ My child to leave the school premises under the supervision of a staff member for walks around the GBC campus or visiting other GBC departments. I will be notified in advance and given a separate permission slip for any off-campus field trips.

\_\_\_\_\_\_ The preschool to take and use my child’s photo in the facility, such as the classroom, and end of the year PowerPoints and portfolios.

\_\_\_\_\_\_ The preschool to take video of my child while in the classroom for the sole purpose of training our teachers and practicum students.

\_\_\_\_\_\_ My child to participate in any assessments or evaluations provided by the Child & Family Center.

 **Request and Review Complaints**

As per the Child Care Licensing NRS 432A.178:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian) am aware that I have the right to request and review any complaints the facility has received within the last 12 months of my child(ren)’s enrollment.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Child Center Policies**

**Please read and initial the following:**

\_\_\_\_\_ 1. Preschool payments are due the first day of preschool of each month.

\_\_\_\_\_ 2. Parents are responsible for payment of fees on time. A late fee of $25.00 will be added to tuition not paid by the 15th of each month. If my child’s account becomes more than two months delinquent, my child will not be able to attend class until my account is brought up to date.

\_\_\_\_\_ 3. There is no reduction in fees for absences, quarantining period, holidays, snow days, parent/teacher conference days, or vacations. Winter break will include a 30% discount, and spring break will include a 15% discount.

\_\_\_\_\_ 4. I understand that I must pick up my child at the specified ending time for my child’s class. A fee of $3.00/minute, per child, will be administered for late pick-ups.

\_\_\_\_\_ 5. I understand that an adult must walk into the building and stay with the child until their class starts as well as when picking up. Older siblings/relatives/family friends under 18 years old are not allowed to drop off or pick up children.

\_\_\_\_\_ 6. I will keep my child(ren) home with the following: pink eye, sore/strep throat, persistent cough, temperature of 100.4 or higher, diarrhea, vomiting, yellow or green mucus drainage, undiagnosed rash, any communicable disease, and/or COVID. I understand that my child(ren) must be symptom free without the use of medications for 24 hours in order for them to return to school.

\_\_\_\_\_ 7. All children need to bring a complete change of clothing each day along with an extra pair of socks and shoes. Please label all clothing with your child’s name.

\_\_\_\_\_ 8. I will inform the Child Center of changes in address, phone number, employment, emergency contacts, medical information, and/or family/custody situations.

\_\_\_\_\_ 9. I will notify the director/front office two weeks in advance before my child(ren) is to be withdrawn. I understand I am required to pay for those two weeks regardless of when the child leaves the center.

\_\_\_\_\_10. Medications, including non-prescription, cannot be administered to a child without written consent and instructions from the doctor. This includes cough drops/medication, creams, pain/fever reducing medications.

\_\_\_\_\_ 11. I give permission to post allergy information regarding my child in the classroom and/or outdoor play area as per Child Care Licensing regulations.

\_\_\_\_\_ 12. I understand the Child Center is a **nut-free** facility and that no nut products of any kind will be allowed into the center. All snack items must be store bought and in the original packaging. Homemade snacks will not be accepted.

\_\_\_\_\_ 13. We are closed: Labor Day, Nevada Day, Veteran’s Day, Thanksgiving & Family Day, Winter Break, Martin Luther King Jr. Day, President’s Day, Spring Break, Memorial Day and Independence Day.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Medical Information & Permission to Treat**

Please list all medications (prescription & non-prescription) that your child is administered throughout the year:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have food or any other allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If yes, please provide treatment plan for your child (form available at the front office).**

Are there any foods your child should avoid? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does you child have any disabilities or require additional accommodations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any underlying health/skin conditions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have an IEP or IFSP? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Insurance carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Insured \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Child’s Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Great Basin College Child & Family Center requires all parents to sign the Emergency Permission form below as per regulations NAC 432A.340-2e & NRS 432A.077 for Child Care Licensing and Nevada System of Higher Education (NSHE).

I hereby grant permission for the Director or acting director to act on my behalf, in regard to my child, in the case of an emergency to take whatever steps may be necessary to obtain medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian
2. Attempt to contact the child’s physician
3. Attempt to contact parents through any of the persons listed as emergency contacts you provided.
4. If we cannot contact you or your child’s physician, we will do any or both the following:
5. Call our campus Health & Safety Officer
6. Call an ambulance

**In case of medical emergency, I understand that my child will be transported to Northeastern Nevada Regional Hospital by ambulance, at my expense, if our campus Health & Safety Officer deems it necessary.**

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_