



St. John's Gingerbread School

1288 S. Indiana Ave.

Crown Point, IN. 46307

(219)663-7955

info@stjohnsgingerbreadschool.org

Programs at Gingerbread School

"Tell me and I forget. Teach me and I remember. Involve me and I learn."

Benjamin Franklin

2022-2023 School Year: Annual Registration fee for each child will be **\$80.00**, to guarantee their spot! A 2-time **\$50.00** supply fee will be charged in September & January. For child to attend St. John's Gingerbread School this fall, please return this packet to us, along with **\$80.00** registration fee. Please pay by check, money order, or cash. All checks made payable to **St. John's Gingerbread School**. This fee will guarantee your child a place in class.

Please check which program works best for you and your child.

2 Day-Beginner Program

___A.M. Beginner class (Tues. & Thurs. 9:00 – 12:00) 2.5 hours
2-day beginner Monthly tuition \$140.00

3 Day Preschool Program

___A.M. 3 Day class (M, W, & F 9:00-11:30) 2.5 hours
___P.M. 3 Day class (Tues – Thurs. 12:15-2:45) 3-day preschool Monthly tuition \$170.00

Pre-Kindergarten Program

___A.M. 4 Day class (Mon.-Thurs 9:00-11:30) 2.5 hours
___P.M. 4 Day class (Mon-Thurs. 12:15-2:45) 4-day Pre-K Monthly tuition \$190.00

3 Day All Day Pre-Kindergarten Program

___3 Day all day (M, W, & F 9:00-2:45) 5.75 hours
3-Day Pre-K Monthly tuition \$305.00

Parents will need to provide a daily snack. The extended 5.75-hour program you will also need to provide a packed lunch.

***Independent bathroom use is a St. John's Gingerbread School requirement. Children must already be potty trained prior to attending school.**

Parent Orientation will be held in August for all registered students. We will also be holding our meet the teacher play date in August times will be announced later. You & your child will receive an invite in the mail beginning of August for both events. First class date will be Tuesday September 7th for our Beginner 2day and our 4-day class, & September 8th for the 3-day half day and 3- day all-day classes

Students to be enrolled at St. John's Gingerbread School

Child's Full Name: _____ Male _____ Female _____

Nickname: _____ Ethnicity _____

D.O.B. _____ (School needs Copy of Birth Certificate) Language spoken at home: _____

Family Doctor: _____ Phone: _____

Are all immunizations current? Yes _____ No _____ (School needs a copy of immunizations records)

If opting out of immunizations please let Office know, so paper work can be given for you to sign.

Allergies of any kind _____

Any diet restrictions we should be aware of: _____

Siblings Name: _____ Age: _____ Brother: _____ Sister: _____

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Siblings Name: _____ Age: _____ Brother: _____ Sister: _____

Gingerbread School must have Mother and Father's information if names are on Birth Certificate or we must have court documentation stating legal rights.

*****Please indicate who and what phone number should be called first & second in case of emergency*****

Mother/Legal Guardian

The following information is needed so that we can contact you in the event of an emergency:

Married: _____ Divorced: _____ Single: _____ Separated _____ Common Law _____

Name: _____

Street Address: _____

City, State, and Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Name of Employer: _____

Street Address: _____

City, State, Zip: _____

Work Phone: _____ Ext: _____

Father/Legal Guardian

The Following information is needed so that we can contact you in the event of an emergency:

Married: _____ Divorced: _____ Single: _____ Separated: _____ Common law: _____

Name: _____

Street Address: _____

City, State, & Zip: _____

Home: _____ Cell Phone: _____

E-mail Address: _____

Name of Employer: _____

Street Address: _____

City, State, & Zip: _____

Work Phone: _____

Emergency Medical Authorization:

State law requires that we have a written authorization form from a child’s legal guardian to seek medical help in the event of a medical emergency. Signing the statement at the bottom of this letter will provide us with that authorization.

The Crown Point Fire Department and Emergency Medical Services service the Gingerbread School. In the event if an emergency that requires professional medical attention, that student will be transported by ambulance to St. Anthony’s Medical Center in Crown Point. The Gingerbread Staff will make every reasonable effort to contact you at the telephone numbers provided above. If they cannot contact you, they will contact one of your “Authorized representatives.” (Pg7)

Physician: _____ Telephone: _____

Dentist: _____ Telephone: _____

If emergency medical care is required and no one can be reached, do we Gingerbread Staff, have permission to have your child treated at St. Anthony Medical Center Emergency Room? Yes: _____ No: _____

If not, where should your child be sent: _____

Parent Name: _____ Date: _____

(Please Print)

Parent/or Guardian Signature: _____ Date: _____

Previous Education:

Name of School: _____ Number of years attended: _____

Give a brief description of your child. Include strong points as well as areas that you feel need attention.

Favorite Play Materials:

Sing ABC's: _____ Recognizes Letters: _____ Recognizes Name: _____ Writes Name: _____

Sits still while being read to: _____ (How Long?): _____ Verbally reads: _____

Recites story back after read to: _____ Answer questions from story: _____

Math:

Count 1-5: _____ Counts 1-20: _____ Counts: 1-100: _____

Colors:

Red: ___ Yellow: ___ Blue: ___ Green: ___ Orange: ___ Purple: ___ Black: ___ Brown: ___ White: ___ Gray: ___ Pink: ___

Shapes:

Circle: ___ Square: ___ Rectangle: ___ Triangle: ___ Oval: ___ Hexagon: ___ Pentagon: ___ Octagon: ___ Trapezoid: ___

Diamond: ___ Heart: ___ Star: ___

Emotions/Commands: Please X what your child understands.

Mad: ___ Sad: ___ Happy: ___ Angry: ___ Yes: ___ No: ___ Stop: ___ Hurt Feelings: ___ Sorry: ___ Friend: ___

Slow down: ___ No running: ___ Inside voices: ___ Outside voices: ___ Hands are not for hitting or pushing others: ___

Feet are not for kicking others: ___ Teeth are not for biting others: ___

Please indicate any further pertinent information you would like us to know regarding your child:

Name of Elementary School child will attend: _____ **Year:** _____

Policy Agreement 2022/2023

St. John's Gingerbread School

Child's Name: _____

I, the parent/guardian of the above-identified child, agree to enroll him/her on the childcare and charge of St. John's Gingerbread School for _____ Days per week and Time _____. I agree to pay St. John's Gingerbread School by the 1st of each month in the amount of each month _____ or a late charge of \$20.00 will occur.

Please initial if you understand.

____ I understand that the children are not allowed to attend on the first of each month without payment if monthly fee for that month as not been paid previously.

____ I understand that no money or fees paid to St. John's Gingerbread School are refundable.

____ I understand no medication will be given without doctor's authorization, IE EpiPen, Inhaler, by St. John's Gingerbread School.

____ I understand that there is a \$80.00 registration fee for each child **NON-REFUNDABLE**.

____ I understand that there is a 2-time \$50.00 supply fee due September 1st & January 1st with tuition.

____ I understand that there is not an earlier drop off. Doors open 5 minutes before class starts **NO EXCEPTIONS**.

____ I understand that if I am more than 5 minutes picking up my child, I will be charged **\$5.00 for every minute I am late**.

____ I understand that if my child is out of school for any extended period, I am still responsible for the FULL month's tuition. Tuition will not be prorated.

____ I agree to provide current residence, telephone number, employment, & authorized pickup.

____ I agree not to bring my child to school if he/she exhibits any symptoms of a communicable illness or is not feeling well enough to participate in school.

____ I understand that outdoor play is an important part of the program, and that if my child is too ill to go outdoors, my child is too ill to attend school.

____ I understand that it is my responsibility to submit a month's notice if I withdraw my child/children and that it is my responsibility to pay for those remaining months.

____ I understand if I need to pick my child up due to illness or behavior I could be charged \$2.00 per minute in the event I or my designatee does not arrive within 20 minutes of being called.

Release:

As a parent of the above-identified child, I release St. John's Gingerbread School and all its principals, employees and agents for all injuries or damages to parent/guardian's and/or my child that might hereafter occur on the premises of a St. John's Gingerbread staff. St. John's Gingerbread will be held harmless to the sudden and uncontrollable actions of other child activities which injure other children due to biting, scratching, hitting, etc. or activities beyond the control of the childcare provider.

Parent/Guardian Signature: _____ Date: _____

Accepted: _____ Date: _____

St. John's Gingerbread School by its authorization by Amber Miller, Administrator

Photo/Website Release

During the school year, pictures are taken of the children and classes at St. John's Gingerbread School for their scrapbooks. These pictures may be included in our website, Facebook page, a brochure, advertisement, or press releases.

I hereby give consent to St. John's Gingerbread School to use an image of my child for the purpose listed above.

Child's Name: _____

I Agree:

1. Parent/Guardian Signature: _____ Date: _____
Printed Name: _____ Relationship to Child: _____

I Agree:

2. Parent/Guardian Signature: _____ Date: _____
Printed Name: _____ Relationship to Child: _____

Or

I Decline:

1. Parent/Guardian Signature: _____ Date: _____
Printed Name: _____ Relationship to Child: _____

I Decline:

2. Parent Guardian Signature: _____ Date: _____
Printed Name: _____ Relationship to Child: _____

Authorized Representatives List

Children can only be released to their parents or the person(s) authorized by their parents. If you need to add one or more people to your child's **Authorized Representatives List**, this form needs to be completed and turned into the office. Please inform your newly authorized representative(s) that they will be needed to provide photo identification, like their *driver's license* when picking up child/children or they will not be allowed to pick up child/children. Please list in order who we should call 1st, 2nd, 3rd, 4th.

Child Name: _____

Parent's Name: _____ Cell #: _____

Parent's Name: _____ Cell #: _____

Name of Authorized Representative: _____

Relationship to child: _____

Contact #: _____

Name of Authorized Representative: _____

Relationship to child: _____

Contact #: _____

Name of Authorized Representative: _____

Relationship to child: _____

Contact #: _____

Name of Authorized Representative: _____

Relationship of child: _____

Contact #: _____

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____