



St. John's Gingerbread School

1288 S. Indiana Ave.

Crown Point, IN. 46307

(219) 663-7955

info@stjohnsgingerbreadschool.org

"Tell me and I forget. Teach me and I remember. Involve me and I learn." -Benjamin Franklin

- Programs at Gingerbread School -

2023-2024 School Year: Annual Registration fee for each child will be **\$80.00**, to guarantee their spot! A **\$50.00** supply fee will be charged in September & another \$50 January. In order for child to attend St. John's Gingerbread School this fall, please return this packet to us, along with your **\$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 and is **NON-REFUNDABLE**.

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

2 Day-Beginner Program

___A.M. Beginner class (Tues. & Thurs. 9:00- 11:30) 2.5 hour class
2-day beginner Monthly tuition \$140.00

3 Day Preschool Program (3 yrs old by August 1st)

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

Pre-Kindergarten Program (4 yrs old by August 1st)

___A.M. 4 Day class (Mon.-Thurs. 9:00-11:30) 2.5 hour class
___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 (4 yrs old by August 1st)

___3 Day all day (M, W, & F 9:00-2:45) 5.75 hour class
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.

For the *Early Drop off* that we will now offer is for in the AM only. The doors open at 8:30am and it will be an additional \$10 added to your monthly tuition.

***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 late August for all registered students. We will also be holding a Meet the Teacher Play Date, dates and times will be announced later. You & your child will receive an invite in the mail late July-beginning of August for both events. This will also be posted on our Facebook page. First class date will be Tuesday September 5th for our Beginner and our 4-day classes, Wednesday September 6th for the 3-day half day and All-day class.

Student 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 us know, so paper work can be given for you to sign.

Allergies of any kind _____

Any diet restrictions we should be aware of: _____

Any known developmental delays or concerns: _____

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

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Gingerbread School must have students 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 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.” (Pg 7)

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/ or Guardian Name:

(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 2023/2024

St. John's Gingerbread School

Child's Name: _____

I, the parent/guardian of the above-identified child, agree to enroll him/her in 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 on the 1st of each month in the amount of _____ paid in full by the 10th 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**(guarantees your spot)

____ I understand that there is a \$50.00 supply fee due in September and another \$50.00 supply fee in January.

____ I understand that there is a Early drop off. Doors open at 8:30am and I will be charged \$10 if I choose to use this service.

____ I understand that if I am more than 5 minutes late picking up my child, I can/will be charged up to **\$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 months tuition. Tuition is not and 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 child care 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. Children's names will not be posted nor given, just pictures.

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 could please 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 NEED to provide photo identification, like their *driver's license* when picking up your child/children or they will **not** be allowed to pick up your child/children.

• Please list in order who we should call 1st, 2nd, 3rd, 4th, etc.

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 #: _____

Name of Authorized Representative: _____

Relationship of child: _____

Contact #: _____

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

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