



Student Registration Enrollment Packet

Child's Name: _____ Sex: _____ DOB: ___/___/___

	Parent/Guardian	Parent/Guardian
Name		
Address		
Social Security Number		
Employer		
Cell Phone		
Work Phone		
Home Phone (If Applicable)		
Email Address		

Child's Doctor: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Individuals to contact in case of emergency:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Does your Child have any food allergies? No/Yes: _____

Does your child have any other allergies? No/Yes: _____

Does your child have any dietary restrictions? No/Yes: _____

My Child has permission to be released with the following individuals, childcare facilities, or transportation services in addition to emergency contact persons listed about. (Please notify these individuals that they will be asked to show proof of identity before picking up child.)

Name & Relationship	Phone Number

List additional Authorized Individuals on back of Enrollment packet.

I authorize the facility to secure emergency medical treatment for my child.

Parents Printed Name _____ Parent Signature _____ Date _____

Administration use only:

Date of Admission: ___/___/___ Date of Release ___/___/___

Child Information Form

Child's name: _____ Sex _____ Birthdate _____

Describe child's habits that you think we need to know:

Examples may be a child's dislikes, toilet training process, food allergies, past illnesses, any physical defects, whatever you feel necessary in sharing with us.

(Parent's Printed Name)

(Parent's Signature)

(Date)

Emergency Medical Consent and Contact Release Form

***This form is to be completed and signed by child's parent/legal guardian

Child's Name _____

In the event that the child named above is injured or ill, I understand that the caregiver will attempt to contact me, the other parent, or legal guardian and the telephone numbers provided below.

	Parent/Guardian	Parent/Guardian
Name		
Cell Phone		
Work Phone		
Home Phone		

In the event that I or others listed are not available, I give permission to Gingerbread House to provide first aid for the child named above and to take the appropriate measures including contacting the above named and contacting the emergency medical services (EMS) system and arranging for transportation to _____ or the nearest medical facility.

(Name of Preferred Hospital)

(Parent's Printed Name)

(Parent's Signature)

(Date)

Authorization for the Application of Topical Products:

Child's Name: _____

I give permission for Gingerbread House staff to apply the following topical products to my child that I have provided:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Sunscreen
<input type="checkbox"/>	<input type="checkbox"/>	Insect Repellent
<input type="checkbox"/>	<input type="checkbox"/>	Diaper Rash Ointment
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

This one time authorization will remain in effect until a new authorization is signed.

(Parent's Printed Name)

(Parent's Signature)

(Date)

Permission to Release Photograph

Child's Name: _____

I give permission for Gingerbread House to take photographs while at school or on field trips for the following:

_____ Classroom Projects

Initial

_____ Take home artwork and gifts

Initial

_____ School Pictures

Initial

_____ Gingerbread House's Social Media Platforms and Website to share with parents activities and events and events year-round.

Initial

(Parent's Printed Name)

(Parent's Signature)

(Date)

Payment Contract

Child's Name: _____

I, _____ understand that Gingerbread House payment policy is as follows:

The first half of the month's tuition is due on the specified date that you have chosen above every month. If this payment is not made within three days of the date you chose there is a \$25.00 late fee added to the account. If the first half of the month's payment is not made by the 10th of the month then your account will be suspended and your child will not be allowed to be in attendance after this date. If the full month's tuition including late fees and an additional \$25.00 reinstatement fee is not paid by the 15th of the month your spot will be forfeited.

The second half of the month's tuition is due on the specified date that you have chosen every month. If this payment is not made within three days of the date you chose there will be an additional \$25.00 late fee added to the account. If the payment is not made in full by the 20th of the month then your account will be suspended and your child will not be allowed to be in attendance following this date. If the account is not cleared by the 25th of the month including late fees and an additional \$25.00 reinstatement fee, then your spot will be forfeited.

A \$35.00 NSF Fee will be added to all checks returned unpaid.

If a spot is forfeited and you would like to re-enroll your child at a future date then your payment policy will change to be a full month's tuition is due at the first of the month, and an account not paid on the first of the month will result in your spot automatically being forfeited.

If you have any additional questions, please do not hesitate to ask.

(Parent's Printed Name)

(Parent's Signature)

(Date)

By Signing Below, I agree that I have been given and fully understand the following policies:

_____ I have received a copy of the Gingerbread House's Handbook. I have thoroughly read and
Initial understand my handbook that includes policies such as fees, two weeks' notice of withdrawal, \$1.00 per minute per child late pick up fee after 6:00pm, and student drop offs are not allowed after 9:00 A.M. without a doctor's excuse. Doctor's excuses will not be accepted after 12:00pm.

_____ If late pick up occurs three times in a three month period the child(ren) will be suspended
Initial Initial from care for three days, and upon the next occurrence the child will be released from care.

_____ I have been given a center tour and a pre-enrollment orientation.
Initial

_____ I have been given a copy of the behavior management policy.
Initial

_____ I have been given a copy of the non-discrimination policy.
Initial

_____ I have been given a copy of the emergency/ evacuation procedures.
Initial

(Parent's Printed Name)

(Parent's Signature)

(Date)

Permission to Post Allergies

I _____ give Gingerbread House permission to post my child
_____ Allergy/Allergies in the classroom where it will be visible to others.

Child's Allergy/Allergies: _____

(Parent's Signature)

(Director's Signature)

(Date)

EFT Authorization Form

I hereby authorize Gingerbread House

Childs Name: _____

To make my periodic payment on my behalf from the checking or credit account listed below and transfer it to Gingerbread House.

Payment will be pulled on the Friday of each Month

_____ **Please check here if you would like whole amount pulled on first half**

_____ **Checking Account Transfer /Check**

(Account Number)

(Name on Account)

(Routing Number)

(Account Holder Phone Number)

(Bank Name)

*You can choose to give a voided check to keep in the safe.

_____ **Credit Card Charge**

___ Visa ___ AMEX ___ MasterCard ___ Discover

(Credit Card Number)

_____/_____
(Expiration Date)

(CVV Number)

(First Name)

(Street Address)

(Last Name)

(City, State, Zip)

(Phone Number)

I understand that I am in full control of my payment and if at any time I decide to make any changes or discontinue this service, I will notify Gingerbread House Creative Learning Center. Change of Payment will not affect the terms of my contract.

(Parent's Printed Name)

(Parent's Signature)

(Date)

Tuition Highlights:

Your payment should be made in advance by the closing of each Friday. Any payment not received by Monday will result in a \$25 late payment fee and every day thereafter. If payment is not received by Wednesday the child's services will be denied.

Withdrawal Policy

A 30 day written notice is required to drop your child from enrollment. Exceptions will not be made to this policy. This notice enables the center to prepare your child and his/her friends for the transition as well as allowing time to fill the vacancy. If notice is not given as described, you will be charged for the 30 day period.

I _____, understand that I'm responsible for all charges, late fees, collection costs, and court filings and/or fees if I do not abide by the above stated rules.

(Parent's Printed Name)

(Parent's Signature)

(Date)

Welcome to the Gingerbread House family! We would like to remind you that children must be signed in and out daily. Below is a list of all people that you have authorized Gingerbread House to release your child to. Please notify each pick up person that they will be asked for ID if they are not recognized by a staff member. You may update this list anytime it is needed by speaking to someone in the office. If you have any questions or concerns, please let us know. Thank you!

Child: _____ Number: _____

Name: _____ Number: _____

Name: _____ Number: _____

Name: _____ Number: _____

Name: _____ Number: _____

Name: _____ Number: _____

Name: _____ Number: _____

(ONLY FILL OUT IF YOUR CHILD HAS A SEVERE ALLERGY)

**AUTHORIZATION FOR EMERGENCY CARE OF
CHILDREN WITH SEVERE ALLERGIES FOR:
Gingerbread House Creative Learning Center, LLC**

Date:

Dear Health Care Provider,

Your patient, _____ is enrolled in Gingerbread House Creative Learning Center, LLC and we have been requested to provide certain emergency care for the prevention of anaphylaxis in the event the child comes into contact with a certain allergen(s), as described below. Please complete Part I of this instruction record. This record will remain in the child's file at Gingerbread House Creative Learning Center, LLC so we may assist with the allergy care and needs of the child. If you need to provide further instructions or clarifications, please do so on a separate sheet of paper, which will become a part of this record and will be kept with this form in the child's file at Gingerbread House Creative Learning Center, LLC.

PART I (to be completed by a Licensed Health Care Provider)

Child's Name: _____ Child's Birth Date: _____

Known Allergens: (Please provide a complete list of all events and/or substances that may trigger a severe allergic reaction (i.e. Anaphylactic shock) in the child.)

_____ Bee Sting

_____ Other Insect Bite(s): (identify):

_____ Animal(s): (identify): _____

_____ Food Allergy: (identify all foods or groups of foods that must be avoided): _____

_____ Other: (identify): _____

SYMPTOMS: (Please provide a complete list of all symptoms that indicate the child has come into contact with an allergen and requires emergency treatment.)

_____ Shortness of Breath

_____ Swelling of the Face or Lips
Hives

_____ Vomiting

_____ Diarrhea

_____ Other: (explain):

PROCEDURES: (Please indicate all steps necessary and the order in which they should be taken.)

_____ Administer the following Medication: (provide name, dosage, and method of administration):

_____ Administer EPI-PEN: (provide instructions for administration)

_____ Call Emergency Medical Services (911)

_____ Call the child's parent or guardian

_____ Other (explain): _____

_____ DO NOT administer medication in the absence of KNOWN exposure to allergen

RECREATIONAL ACTIVITIES:

1. The child may participate in recreational activities. [] yes [] no

2. Recreational Activity Restrictions: [] none [] some restrictions

(explain recreational activity restrictions): _____

HEALTH CARE PROVIDER INFORMATION:

Office: _____

Name: _____

Address: _____

Phone #: _____ Fax #: _____

Signature: _____ Date: _____

PART II: (to be completed by the child's Parent(s) and/or Legal Guardian)

By Signing this form, I/We authorize Gingerbread House Creative Learning Center, LLC to follow the instructions contained in this Authorization For Emergency Care of Children with Severe Allergies Form. I/We agree to update this form every six (6) months, or sooner if my/our child's needs change.

PARENT(S)/LEGAL GUARDIAN(S):

Name: _____ Relationship: _____

Address: _____

Phone #: _____ Cell Phone #: _____

Emergency Contact #: _____

Signature: _____ Date: _____

Name: _____ Relationship: _____

Address: _____

Phone #: _____ Cell Phone #: _____

Emergency Contact #: _____

Signature: _____ Date: _____

This completed Authorization for Emergency Care for Children with Severe Allergies Form was received by [CENTER NAME] on (date)_____. This Form must be updated by (date)_____.

Received By: (Print Name) _____

Signature: _____

Title: _____

(ONLY FILL OUT IF YOUR CHILD HAS A SEVERE ALLERGY)
**RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING
EMERGENCY CARE TO CHILDREN WITH SEVERE ALLERGIES**
Gingerbread House Creative Learning Center, LLC

This is a RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING EMERGENCY TREATMENT TO CHILDREN WITH SEVERE ALLERGIES (hereinafter, referred to as the "Release")

Made this _____ day of _____, 20____, by and between Gingerbread House Creative Learning Center, LLC and _____ (Parent(s)/Legal Guardians) who are the Parent(s) and/or Legal Guardian(s) of _____(child's name).

WHEREAS, Gingerbread House Creative Learning Center, LLC provides child care services and the Parent(s)/Legal Guardian(s) have engaged Gingerbread House Creative Learning Center, LLC to provide child care services for _____(child's name);

WHEREAS, Gingerbread House Creative Learning Center, LLC has been requested by the Parent(s)/Legal Guardian(s) to administer emergency treatment (including the administration of epinephrine) to the child during certain emergency situations when the child has come in contact with an allergen and is in danger of anaphylaxis , as prescribed in writing on the child's "Authorization for Emergency Care of Children with Severe Allergies Form" all in accordance with and subject to Gingerbread House Creative Learning Center, LLC's policy for administering emergency treatment to children with severe allergies.

NOW THEREFORE, in consideration of the agreements and covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto hereby agree as follows:

1. Parent(s)/Legal Guardian(s) hereby release and forever discharge Gingerbread House Creative Learning Center, LLC and its employees or agents from any liability arising in law or equity as a result of Gingerbread House Creative Learning Center, LLC's employees or agents administering epinephrine and providing other emergency care in conformance with the child's "Authorization for Emergency Care of Children with Severe Allergies From" (hereinafter referred to as the "Authorization"), provided that Gingerbread House Creative Learning Center, LLC has used reasonable care in administering epinephrine and in providing other authorized care in accordance with the Authorization.
2. This Release shall be governed by the laws of the State of Louisiana which is the location of the Gingerbread House Creative Learning Center, LLC facility in which the child is enrolled, excluding its choice of law Provisions.
3. This Release supersedes and replaces all prior negotiations and all agreements proposed or otherwise, whether written or oral, concerning all subject matters covered herein. This instrument, along with the Authorization (including any additional health care provider's instructions or clarifications), that is hereby incorporated by reference, constitutes the entire agreement among the parties with respect to the subject matters discussed herein.
4. The reference in this Release to the term Gingerbread House Creative Learning Center, LLC shall include Gingerbread House Creative Learning Center, LLC its affiliates, successors, directors, officers, employees, and representatives.

The terms Parent(s)/Legal Guardian(s) shall include the dependents, heirs, executors, administrators, assigns, and successors or each.

5. If one or more of the provisions of this Release shall for any reason be held invalid, illegal or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect or impair any other provision of the Release. This Release shall be construed as if such invalid, illegal, or unenforceable provisions had not been contained herein.

Gingerbread House Creative Learning Center, LLC

Center Address: 517 Vicnaire St, New Iberia, LA 70563

Name: (print) _____

Signature: _____

Title: _____

Date: _____

PARENT(S)/LEGAL GUARDIAN(S):

Name: (print) _____

Signature: _____

Relationship: _____

Date: _____

Name: (print) _____

Signature: _____

Relationship: _____

Date: _____

Supply List

Infants Supply List:

- Bottles (Enough pre mixed full bottles of formula or bags of breast milk for each day plus one)
- Enough unopened baby food for each day.
- Extra Clothes, Socks, and Bibs
- Diapers, wipes,(cream for rash (Doctor's Note and Medication Administration Form Needed)
- Food/ Cereal if needed
- Vaccination Record

Ages 1-4 Supply List:

- Kinder Mat / Mat Cover
- Thin blanket
- Complete change of clothes (underwear, socks, shirt, shorts or dress).
- If in diapers: Diapers, wipes, cream for rash if needed.
- Bug spray/Sunscreen
- Vaccination Record

Please bring a copy of your child most recent immunization records

Fees

Below are the assessed center fees:

Registration:

Non-Refundable Admission Fee- \$75 (at the time of enrollment)

Bi-yearly Registration Fee- \$50 twice per year (March & September)

Registration will be charged on an bi-yearly basis. Bi-yearly registration fee will be due on September 1st and March 1st of each year. Every year each child must re-register during September registration to secure a space at the center for the upcoming year. Registration is non-refundable. These fees are to cover the cost of enrichment activities and school supplies.

Tuition:

Weekly Tuition Full-Time:

- Infants..... \$145.00
- One Year Olds & Older\$130.00

Part-Time (Two years old and older):

- Monday, Wednesday, Friday.....\$87.00
- Tuesday, Thursday.....\$58.00