

TigerTime Preschool Enrollment Application



CHILD INFORMATION:

First Name: _____ Middle Name: _____
Last Name: _____ Male _____ Female Date of Birth: _____

PRESCHOOL PREFERENCE: (Circle one)

Four Days per week: Monday through Thursday or
Five Days per week: Monday through Friday

APPLICATION FEE:

____ Enclosed is my non-refundable \$50 application fee (due at time of enrollment)

Note: Application fee will be refunded if the child is accepted into the Gobles GSRP program or Gobles Head Start classroom subsequent to completing the Enrollment Application for TigerTime Preschool.

Make checks payable to Gobles Public Schools

FAMILY INFORMATION:

Child lives with:

____ Mother & Father ____ Mother & Stepfather ____ Mother & Other ____ Mother only
____ Guardian ____ Father & Stepmother ____ Father & Other ____ Father only
____ Relative Other _____

Mother/Legal Guardian's Name (First,Last) _____

Cell # : _____ Home #: _____

Email: _____

Home Address: _____ City: _____ Zip: _____

Employer: _____ Employer Phone: _____

Father/Legal Guardian's Name (First,Last) _____

Cell # : _____ Home #: _____

Email: _____

Home Address: _____ City: _____ Zip: _____

Employer: _____ Employer Phone: _____

Siblings living in the same household:

| <u>Name</u> | <u>Gender</u> | <u>Birthdate</u> | <u>School</u> | <u>Grade</u> |
|-------------|---------------|------------------|---------------|--------------|
| _____ | _____ | ____/____/____ | _____ | _____ |
| _____ | _____ | ____/____/____ | _____ | _____ |
| _____ | _____ | ____/____/____ | _____ | _____ |
| _____ | _____ | ____/____/____ | _____ | _____ |

EMERGENCY CONTACT:

Name: _____ Phone: _____

Relationship to child: _____

Names of Persons other than parents to whom the child may be released (list names and relationship to child).

- | | |
|-----------------|---------------|
| 1. Name: _____ | Phone: _____ |
| Relation: _____ | Cell #: _____ |
| 2. Name: _____ | Phone: _____ |
| Relation: _____ | Cell #: _____ |

ADDITIONAL INFORMATION:

Does your child have an IEP? (Circle one) Yes No

Is there anything else about your child that would be particularly helpful for the teacher to know? (Allergies, etc.) _____

Family Physician or Health Clinic: _____

Phone: _____

PICTURE PERMISSION FOR OUTSIDE PUBLICATION:

I give consent to have my child's picture and name to be used in school/community publications as deemed appropriate by the school.

Please check one: Yes _____ No _____

STATEMENT OF CONSENT:

I hereby give permission for Gobles Public Schools to seek emergency care at _____ if the family physician is not available.

My child meets the program age requirements. I agree to pay the tuition as outlined in the Gobles TigerTime Preschool Handbook, at the rate of \$125 per week for the four day (Monday - Thursday) program, and \$140 per week for the five day (Monday - Friday) program.

I certify that all information is true and valid and that I am authorized to enroll this student, and further that my child's immunization information will be shared with the Van Buren/Cass District Health Department and Gobles Elementary School as needed.

I understand that completion of this document does not constitute enrollment in TigerTime Preschool. Upon receipt of this enrollment application, Gobles Elementary School will send a written notice of acceptance or wait-listing to each family. With the written notice of acceptance, other documents will be sent which must be completed and returned before the student is fully registered in the program.

Parent/Guardian Signature: _____ Date: _____

Return completed form to:
Gobles Public Schools
Elementary School Office
409 North State Street
Gobles, Michigan 49055
Elementary Phone: 269-628-9440

Applications will be accepted beginning Monday, April 22, 2019. Regular Elementary office hours are Monday-Friday, 7:30 AM - 3:30 PM

Office Use Only

_____ Returning Family

_____ New Family

Payment received by

_____ Cash

_____ Check # _____