

Gold Mountain Community School

Registration Form, School Year _____

Child's Full Name: _____ Age: _____ Sex: _____

Date of Birth: _____ Doctor: _____ Dentist: _____

Allergies/ Food Exclusions: _____

Parent/Guardian Name: _____ Address: _____

Cell Phone: _____ Home Phone: _____ Email: _____

Parent/Guardian Name: _____ Address: _____

Cell Phone: _____ Home Phone: _____ Email: _____

Authorized Pick-Up and phone number: _____

My child will attend (check box):

_____ **Morning Program, 8:30-11:30** (check when your child will attend) - \$495/mo.

_____ **Afternoon Program, 12:30-3:30** (check when your child will attend) - \$495/mo.

_____ **All Day Program, 8:30-3:30** (check when your child will attend) - \$985/mo.

Additional fee: \$140/mo. for one service or \$280/mo. for both services (lunch and afterschool).

_____ **Lunch Hour, 11:30-12:30** (check when your child will attend)

_____ **After School Care, 3:30-4:30** (check when your child will attend)

My monthly tuition is: _____

Please initial below:

_____ I have read the Parent Handbook and agree to abide by its policies and procedures.

_____ I agree to pay the monthly tuition, registration and supply fees, and any late fees as stated in the Parent Handbook.

Parent's Signature

Date

Emergency Medical Release:

It is the general policy of the school to call an ambulance should a child be seriously injured and in need of emergency treatment. The Gritman Medical Center is the hospital we use. This general policy is followed only if, in the sole opinion of the individual left in charge, delay in securing treatment would not be in the best interest of the child. Otherwise, parents will be notified and asked to take the child to their family physician for medical treatment.

_____ We would like the above policy to be followed in the event that emergency treatment was felt necessary by the individual in charge.

_____ We do **not** want the above policy to be followed in the event of a medical emergency. We would rather have the following procedure followed:

Parent Signature: _____

Field Trips Release:

_____ I give permission for my child to go on field trips.

_____ I do **not** give permission for my child to go on field trips:

Parent Signature: _____

Photo/Video Release:

_____ I give permission for photos and videos of my child to be used in promotional material, including websites, media, and print materials.

_____ I do **not** give permission for photos and videos of my child to be used in promotional material, including websites, media, and print materials.

Parent Signature: _____