

**2010 – 2011 GATEWAY SCHOOL REGISTRATION FORM**

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_ M/F \_\_\_\_\_

Home Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Child's Birth Date \_\_\_\_\_ Child's Language \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Fax Number \_\_\_\_\_

Guardian 1 Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone / Pager \_\_\_\_\_

Work Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_

Guardian 2 Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone / Pager \_\_\_\_\_

Work Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_

Babysitter's Name (if applicable) \_\_\_\_\_ Sitter's Phone \_\_\_\_\_

Sibling's Names and Ages \_\_\_\_\_

Previous School Experience \_\_\_\_\_

List all allergies and any special precautions or treatment indicated for these allergies (or NA): \_\_\_\_\_

List medications, food supplements, modified diets, or fluoride supplements being administered to the child (or NA): \_\_\_\_\_

List any chronic physical problems and any history of hospitalization (or NA): \_\_\_\_\_

List any diseases the child has had (or NA): \_\_\_\_\_

**Please Check One:**

\_\_\_\_\_ My name, my child's name, address, phone number, and email address may be published in the Gateway School Directory.

\_\_\_\_\_ I do not wish my child's name, address, phone number, email address to be published in the Gateway School Directory.

Indicate all sessions your child will attend by placing an "x" in the box:

Session	Mon	Tue	Wed	Thu	Fri
am					
pm					

Select One
Preschool
Kindergarten

I have received a copy of the Gateway Parent Handbook and understand the policies as stated.

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\* Please include the \$135 nonrefundable registration / supply fee per family to insure placement.**

### Videotape Permission

*During the school year, we would like to videotape your child while playing at centers. The videotape will be used to evaluate our teaching strategies and share with parents during family visits or other professionals for educational purposes. Individuals will not have access to any information which identifies your child by name. No copies or transcripts of the video will be made and nothing will be used from the tape in any published form without written permission of each guardian.*

\_\_\_\_\_ *My child may be videotaped during this school year. I understand that my child will not be identified by name and that this videotape will only be used for educational purposes.*

\_\_\_\_\_ *My child may not be videotaped during this school year.*

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Website Permission

*During the school year, we would like to photograph your child while playing with friends at Gateway. The photograph may be used to enhance our Gateway Pre-School Website ([www.gatewaypre-k.com](http://www.gatewaypre-k.com)). We will only use these images with permission from the student's parent or guardian.*

\_\_\_\_\_ *Photographs of my child may be used to enhance the design of the Gateway Pre-School website ([www.gatewaypre-k.com](http://www.gatewaypre-k.com)) I understand that my child will not be identified by name and that this photograph will only be used for promotional purposes.*

\_\_\_\_\_ *Photographs of my child may not be used to enhance the design of the Gateway Pre-School website ([www.gatewaypre-k.com](http://www.gatewaypre-k.com)).*

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_