

2011 – 2012 GATEWAY SCHOOL REGISTRATION FORM

Child's Full Name _____ Nickname _____ M/F _____

Home Address _____

Child's Birth Date _____ Street _____ City _____ State _____ Zip Code _____
 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). 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) 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).*

Guardian Signature _____ Date _____