



## Enrollment Application

**Enrollment Date:** \_\_\_\_\_ **Withdrawal Date:** \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address (Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Parent One: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Home Address (if different from the child's) Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Parent One Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Two Name: \_\_\_\_\_ Home Phone

Number: \_\_\_\_\_

Home Address (if different from the child's)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Parent Two Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Living Arrangements: (check one) ( ) Both Parents ( ) Mother ( ) Father ( ) Other Child's  
Legal Guardian(s): (check one) ( ) Both Parents ( ) Mother ( ) Father ( ) Other

The child may be released to the person(s) signing this agreement or to the following:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Relationship to Parent/Guardian: \_\_\_\_\_

Other identifying information (if any): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Relationship to Parent/Guardian: \_\_\_\_\_

Other identifying information (if any): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Relationship to Parent/Guardian: \_\_\_\_\_

Other identifying information (if any): \_\_\_\_\_

**Eating:**

Is your child on any special  
diet? \_\_\_\_\_

Does your child have any food allergies? If yes, please describe:  
\_\_\_\_\_

**Sleeping:**

Does your child nap? If so, what time of the day and how long:  
\_\_\_\_\_  
\_\_\_\_\_

Does your child sleep with a special blanket or item for comfort? If so, describe:

\_\_\_\_\_

Are there specific bedtime routines at home? \_\_\_\_\_

Where does your child sleep at

home? \_\_\_\_\_

**Toileting:**

Does your child use diapers? If so, which type: \_\_\_\_\_

If cloth, we are unable to launder diapers and they will be bagged and sent home un-rinsed and un-emptied.

\*Any lotions or topical ointments your family uses for your child will be brought from home, labeled, in their cubby and not used on others. This helps the risk of allergic reactions.

Does your child use a potty or toilet? If so explain:

\_\_\_\_\_

How does your child let you know when it is time "to go":

\_\_\_\_\_

Does your child need regular reminders to use the bathroom?: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Development:**

What is your child's primary spoken language? At home?: \_\_\_\_\_

Do you have any concerns regarding your child's development: If so, explain:

\_\_\_\_\_

\_\_\_\_\_

My child has the following special needs:

\_\_\_\_\_

\_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center:

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My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

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**Social/Emotional Development:**

Has your child been in child care before? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is your child comfortable in group settings? Yes: \_\_\_\_\_ No: \_\_\_\_\_

What is your child's regular routine at home?

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Is there anything we should know about your child's play with other children, by themselves, any concerns?

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What kind of activities does your child enjoy? Are there activities that your child avoids?

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How would you describe your child's temperament/personality?

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Does your child have any siblings? \_\_\_\_\_

Does your family have any  
pets? \_\_\_\_\_

What soothes your child? \_\_\_\_\_

What frightens your child? \_\_\_\_\_

What are your expectations or goals for your child at our child learning center?  
\_\_\_\_\_  
\_\_\_\_\_

What are your expectations for the child learning center and your child's caregivers ?  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything regarding your family, extended family or child that you would like to share  
with us?  
\_\_\_\_\_  
\_\_\_\_\_



# The Gathering Place: A Child Learning Center

## Tuition Agreement 2019-2020

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I (we) agree that \$900 tuition is due on the 1st of every month and will be paid in full by cash, check, or pay online (added fee) at <https://bozemanumc.breezechms.com/give/online>

There will be a \$25 late fee after the 5 day grace period. This ensures that tuition is due on time and can fund this program at Bozeman United Methodist Church.

I (we) understand that there is no discount, refund, or other allowance for absence, illness, vacation, holidays, school closures, or any other reason.

I (we) understand parents will be required to give one month's notice to terminate enrollment, submitted to the preschool director and turned in a withdrawal notice/schedule change request form.

I (we) will pay tuition for the one month notice period, even if the child does not attend the school during that month.

I (we) understand that school operational hours are Monday-Friday from 7:30am-5:30pm (with the exception of school holidays listed in the family handbook and other related school closures) and will not have prorated tuition.

Tuition, waitlist fees, registration fees, late payment fees, late pick-up fees and all other fees are payable directly to The Gathering Place.

By signing below, each signatory declares to have read, understood, and come into agreement with the terms of this Preschool Tuition Contract.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_