



**Thank you for Choosing
Grace Child Development Center!**

"nurturing the whole child"

6316 N Tulsa Ave
Oklahoma City, OK 73112

1-405-946-KIDS(5437)

GCDC@okcgrace.org

www.okcgrace.org/GCDC

Visit us on Facebook!

Dear GCDC Families,

Enrollment for the 2016 - 2017 school year is now open!

We are hard at work preparing to make the coming year great one for you and your child at GCDC.

Our fall tuition and fees are as follows:

All Ages:

Enrollment Fee: \$50 One-Time, Due upon Enrollment, Non-Refundable

Supply Fee: \$60 One-Time, Due upon Enrollment

School Readiness Class:

School Readiness Fee: \$30 One-Time, Due upon Enrollment, Non-Refundable

Ages 7 months-18 months:

Annual Tuition \$2600 payable as:

\$260 per month, Aug-May Due Aug. 18th, then the 1st Tuesday of each month

Ages 19 months- Pre-K:

Annual Tuition \$2450 , payable as:

\$245 per month, Aug-May Due Aug. 18th, then the 1st Tuesday of each month

A 10% discount will be applied for 2nd and 3rd children enrolled in our program.

Scholarships are available on a limited and case-by-case basis.

Blessings,

Laura Neff, Director



Grace Child Development Center

Enrollment Form

Fall 2016 through Spring 2017

Date Received :	_____
Account Number:	_____
Enrollment Fee:	_____
Supply Fee :	_____
4 Year Old Fee:	_____
Cash:	_____
Check:	_____
Shot Record:	_____
Room:	_____
Photo: _____ T-Shirt Size: _____	

Due upon Enrollment:

\$50 Non-refundable enrollment fee. \$40 if received by May 30th.

\$60 Supply Fee

\$30 School Readiness Fee for 4 year olds

Annual tuition varies by age level but can be paid on a monthly basis due the first day we are in session from August to May. Please refer to the cover letter for more details.

Child's Name _____

Age: _____ Birthdate: _____ Gender: **M** **F**

Parent/Guardian: _____ Occupation : _____

Work Number: _____ Cell Number: _____

Parent/Guardian: _____ Occupation : _____

Work Number: _____ Cell Number: _____

Child's Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Email: _____

Other Contact Info: _____

Name and ages of siblings in this program: _____

Child lives with: _____ (Legal guardianship documentation must be provided)

MEDICAL INFORMATION: (Complete all spaces)

Are immunizations current? **YES** **NO** (A copy must be on file by your child to attend.)

Food Allergies: _____ Other Allergies: _____

Dietary Restrictions: _____

Special physical or emotional needs: _____

Physician's Name: _____ Phone: _____ Pref. Hospital: _____

Emergency Contact & Pick -Up Information *Parent permission must be given for anyone not listed to pick up your child.*

Name: _____ Relation: _____ Phone: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____ Phone: _____

Is there anyone who should *NEVER* have contact with your child? _____

Promotional Release

I hereby give consent to Grace United Methodist Church and Grace Child Development Center for the use of visual and auditory media in which my child may appear for purposes of promoting this ministry, including recruitment and fundraising efforts. I release Grace United Methodist Church and Grace Child Development Center from any liability connected with the use of these materials.

YES NO This applies to all public media including FACEBOOK

YES NO This applies to promotions within GCDC and Grace UMC Congregation only

_____ (Initial)

I hereby give permission for GCDC to share my contact information with other parents in the program:

YES NO _____ (Initial)

GRACE CHILD DEVELOPMENT CENTER POLICIES

We reserve the right to raise the tuition and registration fees due to increases in operational costs.

Monthly tuition payments are due on the first day of class each month or no later than the 10th unless special arrangements have been made. After the 10th a late fee of \$20 is applied to the tuition cost.

NO MAKE-UP DAYS OR CREDITS ARE GIVEN FOR ABSENCES.

If you are leaving the program at any time, notice must be given to the office by the 15th of the previous month to avoid paying an additional month’s tuition.

A late fee of \$1 per minute will be assessed if your child is picked up after 2:05 pm. Payment is due when child is picked up.

Likewise, an early fee of \$1 per minute is assessed if your child is dropped off prior to 8:55 am. This payment is due before you leave the building.

A \$35 fee is assessed for returned checks. Such checks must be paid in full by the end of the month or your child will not be allowed to attend class until it is paid in full.

GCDC follows the Putnam City School District’s holiday schedule and weather policies.

Children age 3 and younger are required to bring their own nap pad or mat and blanket for rest time. Each Friday they are sent home for laundering.

Sick children need to be at home. A child with a fever or obvious signs of illness will not be allowed to stay. The parents of children who develop a fever or other signs of illness will be contacted immediately for pick-up. Children should be fever or symptom-free for at least 24 hours before returning to class.

Children must be checked in and signed out of their classroom each day. Identification will be required until the teachers know you by sight. Children will be allowed to leave only with the people you have listed on your enrollment form unless you notify the office of the change in advance.

Grace United Methodist Church is not liable for any injury that your child may incur while enrolled at GCDC.

I, _____, (print name), hereby accept and agree to the above policies.

I will adhere to these policies throughout the 2015-16 school year while my child is in attendance.

Parent Signature: _____ **Date:** _____