

CHILD APPLICATION FORM

Gateway Preschool and Child Care
5605 N. Marksheffel Rd.
Colorado Springs, CO 80923

(719) 574-0186

CHILD'S FULL NAME: _____ AGE _____ SEX _____

PREFERRED NAME _____ DATE OF BIRTH ____ / ____ / ____

ADDRESS _____ ZIP CODE _____

CITY _____ STATE _____

CHILD LIVES WITH: FATHER _____ MOTHER _____ OTHER _____

LEGAL GUARDIAN (IF NOT PARENT) _____

CHILD'S SOCIAL SECURITY # _____ / _____ / _____

PARENTS MARITAL STATUS: MARRIED DIVORCED SINGLE

PERSON RESPONSIBLE FOR TUITION: _____

PRIMARY RESIDENCE: BOTH MOTHER FATHER GUARDIAN _____

FATHER'S NAME _____ **CELL PHONE** _____

ADDRESS _____

EMPLOYER _____ **WORK PHONE** _____

WORK ADDRESS _____

DRIVER'S LICENSE # _____ **HOME PHONE** _____

MOTHER'S NAME _____ **CELL PHONE** _____

ADDRESS _____

EMPLOYER _____ **WORK PHONE** _____

WORK ADDRESS _____

DRIVER'S LICENSE # _____ **HOME WORK** _____

PERTINENT HEALTH INFORMATION (INCLUDE ALLERGIES TO FOOD AND MEDICINE, CHRONIC
PHYSICAL PROBLEMS, MEDICATION BEING TAKEN, SPECIAL DIETS, CHRONIC HEALTH PROBLEMS ETC.)

IS YOUR CHILD ON A HEALTH CARE PLAN? ___ YES ___ NO (IF YOU MARKED YES, PLEASE INCLUDE A COPY WITH THIS APPLICATION.)

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS? IF SO PLEASE ELABORATE: _____

PERTINENT SOCIAL INFORMATION (INCLUDE EMOTIONAL PROBLEMS, FAMILY SITUATIONS, ETC.)

*DO YOU ATTEND CHURCH ON A REGULAR BASIS? _____
*CHURCH AFFILIATION: _____
*HOW DID YOU BECOME A CHRISTIAN? _____

***Optional Questions**

I WOULD LIKE MY CHILD'S FIRST DAY OF ATTENDANCE TO BE _____

PLEASE COMPLETE THE SCHEDULE BELOW BY LISTING THE TIME IN THE DAYS YOU NEED CARE.

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
Preschool (3 yrs)	_____	_____	_____	_____	_____
Pre-K (4-5 yrs)	_____	_____	_____	_____	_____

HOW DID YOU HEAR ABOUT GATEWAY PRESCHOOL AND CHILD CARE? _____

ADMISSION INFORMATION

In accordance with Title VI of the Civil Rights Act of 1964, it is the policy of Gateway Preschool and Child Care to admit students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to children enrolled in the program. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, class assignments, and other school-administered programs. If you have any questions concerning Gateway Preschool and Child Care's admission of children or compliance with any rules and regulations set forth by the State of Colorado, please contact the Director of Gateway Preschool and Child Care at (719) 574-0099 or the Executive Director of the Colorado Department of Human Services at 1575 Sherman Street, Denver, Colorado, 80203, or the Regional Director of the Office of Civil Rights, Department of Health and Human Services at 1961 Stout Street, Federal Office Building, Room 9017, Denver, Colorado, 80294.

I am aware and understand that my/our child will be taught according to the Statement of Purpose and Early Education Philosophy of Gateway Preschool and Child Care. I/we have read the terms stated on this application and agree thereto. I/we certify that all the information presented by me/us in this application is, to the best of my/our knowledge, true, complete and accurate, and I/we am not withholding any information available to me/us that would be pertinent to the enrollment of this child in Gateway Preschool and Child Care.

Incomplete applications cannot be processed.

EACH APPLICATION FOR ENROLLMENT MUST BE ACCOMPANIED BY THE \$35.00 APPLICATION FEE BEFORE IT CAN BE PROCESSED. THE APPLICATION FEE IS NON-REFUNDABLE UNLESS THE APPLICANT IS NOT ACCEPTED. I UNDERSTAND THERE IS AN ADDITIONAL ENROLLMENT FEE OF \$35.00 TO BE PAID AFTER MY CHILD HAS BEEN ACCEPTED. ALL TUITION FEES ARE DUE AND PAYABLE IN ADVANCE AND THAT TUITION IS PAID FOR WHATEVER DAYS MY CHILD IS REGISTERED (AND ANY ADDITIONAL DAYS REQUESTED) AND NOT HIS/HER ATTENDANCE.

Father/Guardian _____ **Date** _____

Mother/Guardian _____ **Date** _____

*****FOR OFFICE USE ONLY*****

CHILD'S NAME _____ ROOM _____

DATE RECEIVED _____ ACCEPTED _____ YES _____ NO _____

DATE OF ENROLLMENT _____ DATE OF WITHDRAWL _____

APPLICATION FEE: CHECK \$ _____ CASH \$ _____ RECEIVED BY _____

ENROLLMENT FEE: CHECK \$ _____ CASH \$ _____ RECEIVED BY _____

TUITION TO BE PAID: MONTHLY () BI-WEEKLY () WEEKLY () OTHER () _____

INTERVIEWED BY _____ DATE _____

FORMS CHECKED FOR COMPLETENESS BY _____ DATE _____

NOTATIONS / INSTRUCTIONS _____

