# GBC Child and Family Center

## Preschool Options

### 2 Year Old Preschool Class Option

Child must be 2 by September 30th and cannot start before their 2nd birthday.

<table>
<thead>
<tr>
<th>Days</th>
<th>Time</th>
<th>Age</th>
<th>Hours</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>T, Th AM (Bumblebees)</td>
<td>2 yrs</td>
<td>9:00-11:30</td>
<td>2 ½ hrs</td>
<td>$175 per month</td>
</tr>
</tbody>
</table>

### 3 Year Old Preschool Class Options

Must be 3 by September 30th to enroll for current school year.

<table>
<thead>
<tr>
<th>Days</th>
<th>AM</th>
<th>PM</th>
<th>Age</th>
<th>Time</th>
<th>Hours</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>M, W, F</td>
<td>Ladybugs</td>
<td>3 yrs</td>
<td>9:00-11:30</td>
<td>2 ½ hrs</td>
<td>$225.00 per month</td>
<td></td>
</tr>
<tr>
<td>T, W, Th</td>
<td>Butterflies</td>
<td>3 yrs</td>
<td>1:00-3:30</td>
<td>2 ½ hrs</td>
<td>$225.00 per month</td>
<td></td>
</tr>
</tbody>
</table>

### 4 Year Old Pre-K Class Options

Child must be 4 by September 30th.

<table>
<thead>
<tr>
<th>Days</th>
<th>AM</th>
<th>PM</th>
<th>Age</th>
<th>Time</th>
<th>Hours</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>M- Th</td>
<td>Meadowlarks</td>
<td>PRE-K</td>
<td>8:15-11:165</td>
<td>3 hrs</td>
<td>$275.00 per month</td>
<td></td>
</tr>
<tr>
<td>M- Th</td>
<td>Bluebirds</td>
<td>PRE-K</td>
<td>12:45-3:45</td>
<td>3 hrs</td>
<td>$275.00 per month</td>
<td></td>
</tr>
</tbody>
</table>

### Literacy Grant Preschool Program Options

Child must be 4 by September 30th and qualify for this program.

<table>
<thead>
<tr>
<th>Days</th>
<th>AM</th>
<th>PM</th>
<th>Age</th>
<th>Time</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>M-Th</td>
<td>Firefly</td>
<td>PRE-K</td>
<td>7:30-4:30 and F 7:30-12:00</td>
<td>Free to those who qualify</td>
<td></td>
</tr>
</tbody>
</table>

Please see front office for enrollment requirements.

### Full Day Preschool Program (3-5 year olds)

Child must be 3 by September 30th.

<table>
<thead>
<tr>
<th>Days</th>
<th>AM</th>
<th>PM</th>
<th>Age</th>
<th>Time</th>
<th>Full Day</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>M-Th</td>
<td>Hummingbirds</td>
<td>Pre-K</td>
<td>7:30-4:30 and F 7:30-12:00</td>
<td>Pre-K</td>
<td>Full Day</td>
<td>$675 per month</td>
</tr>
</tbody>
</table>

### Waiting List Priorities

Placement priority for program availability is given to children who are currently enrolled at the Child Center, and to children of Child & Family Center staff. The cut off date for this priority is March 30th. Once the priority date has expired, then open enrollment will begin April 2nd. Placement will then be determined according to the registration date on a first come, first serve basis.
Please check which program you are registering for:  
☐ 2 Yr Old Class  ☐ 3 Yr Old Class  ☐ 4 Yr Old Class  
☐ Literacy Grant  ☐ Full day preschool

PLEASE COMPLETE EACH LINE. INDICATE N/A IF IT DOES NOT APPLY.

Today’s Date_________________ Initial Placement Date__________________
Child’s First Name_________________ Last Name_________________ Middle Name_________________
Child’s Preferred Name_________________ Sex_________________ Age_________________ Child’s Date Of Birth_________________
Child’s Mailing Address_________________ City_________________ Zip_________________ Home Phone #_________________
Child’s Physical Address_________________ City_________________ Zip_________________
Name of Mother/Guardian_________________ Address_________________
Employer_________________ Business Phone #_________________ Cell Phone #_________________
Mother Social Security Number_________________
Name of Father/Guardian_________________ Address_________________
Employer_________________ Business Phone #_________________ Cell Phone #_________________
Father Social Security Number_________________
Are You? Married___ Divorced___ Separated___ Single Parent___
Name(s) of person(s) legally responsible for child:____________________________________________________________
Relationship:____________________________________________________________
Other than parents: person(s) authorized to visit or pick up child:
1. ___________________________ Phone #_________________ Relationship_________________  
   Emergency Contact?  YES [ ]  NO [ ]
2. ___________________________ Phone #_________________ Relationship_________________  
3. ___________________________ Phone #_________________ Relationship_________________  
4. ___________________________ Phone #_________________ Relationship_________________  
5. ___________________________ Phone #_________________ Relationship_________________  
6. ___________________________ Phone #_________________ Relationship_________________  
   Emergency Contact?  YES [ ]  NO [ ]
Child’s Physician_________________ Phone #_________________ Child’s Dentist_________________ Phone #_________________
Parent Signature_________________ Date_________________
Permission to Release Information

I understand that the time my child, _______________________ (name) is in the facility the director may be asked for information regarding my child.

I hereby give permission to release information to official persons only: those who identify themselves, such as schools, health care personnel, welfare or other governmental officials.

__________________________
Signature of Parent/Guardian

OR I DO NOT give permission to release information about my child as set forth in the aforementioned statement. I realize that the Bureau of services for Child Care has access to my child's records as the licensing agent.

__________________________
Signature of Parent/Guardian

All Programs

As per The Bureau of Services for Child Care Licensing NRS 432A.178:
I, _______________________ am aware that I have the right to request and view all complaints the facility has received for the months my child(ren) is/are enrolled in, including the previous 12 months.

______________________________               ______________________
Parent Signature                                         Date
Please read and initial the following:

_____1. Preschool payments are due the first day of preschool for each month.

_____2. Parents are responsible for payment of fees on time. A late fee of $25.00 will be added to tuition not paid by the 15th of each month.

_____3. There is no reduction of fees for absences, one day holidays, snow days, or vacations. December tuition will include a 30% discount, & Spring break will include a 15% discount.

_____4. I understand that I must pick up my child at the specified ending time for my child's class. There will be an overtime charge of $20.00 for each 15 minutes I am late in picking up my child.

_____5. I must walk into the building with my child each day and make certain the teacher knows he/she is there. Older siblings under 18 years of age are not to bring or pick up children.

_____6. I, or a responsible designated adult, will walk into the building to pick up my child and inform a teacher that we are leaving.

_____7. Keep children home with the following: pink eye, strep throat, fever, diarrhea or vomiting that has occurred in the previous 24 hour period. Children too sick to participate in the program, including outside play, need to be kept at home.

_____8. All children need a complete change of clothing at the Center at all times. Please label clothing with your child's name.

_____9. Parents need to inform the Center of changes in address, phone number, employment, emergency information or family situations.

_____10. The director is to be notified TWO WEEKS IN ADVANCE before a child is to be withdrawn. Parents are required to pay for those two weeks regardless of when the child leaves the center.

_____11. Medications, including non-prescription, cannot be administered to a child without written consent and instructions from the doctor and GBC administration.

_____12. As per Child Care Licensing, I give the Child & Family Center permission to post allergy information regarding my child in the Classroom and/or outdoor play area.

_____13. I understand the Child Center is a nut-free facility and that no nut products of any kind will be allowed into the Child Center.

_____14. I understand that the Child Center will only be able to accept snack items that are store bought and in the original container. The Child Center is prohibited from accepting homemade snacks including but not limited to baked items, and trail mix.

_____15. I agree to provide snacks for my child's classroom once per month. (Sign up sheets can be found with your child's teacher.

   *The Wednesday before Thanksgiving, the Child Center will be open until 1:00 PM.
   *Closures, unless otherwise specified, will be in accordance with the Elko County School District's calendar.

I agree to abide by these rules and regulations.

Date________________ Signature of Parent or Guardian_________________________________________
Please read and initial the following.

______ I hereby grant permission for my child to use all of the play equipment and participate in all of the activities at the Child & Family Center.

______ I hereby grant permission for my child to leave the school premises under the supervision of a staff member for walks around the GBC campus or field trips. I will be notified in advance if vehicle transportation will be used.

______ I hereby grant permission for the pre-school to take and use my child’s photo or video in the Child & Family Center’s facility, web page, brochure or possible news article. I understand my child’s name will not be used with any pictures or videos.

______ I hereby grant permission for my child to participate in any testing or evaluations provided by the Child & Family Center.

**Medical Emergency Permission**

**MEDICATIONS**

Please list all medications (prescription & non-prescription) that your child is administered throughout the year:

_________________________________________________________________________________________________

Does your child have food or any other allergies?

If yes, please provide instructions for treatment and/or treatment plan for your child.

____________________________________________________________

Does your child have any disabilities or an IEP that we should be aware of?

If yes, please provide instructions for treatment and/or treatment plan for your child.

Do you consent to emergency treatment for your child? Yes ☐ No ☐

Name of Insurance carrier: ____________________ Policy #: ____________________ Name of Insured: ____________________

Great Basin College Child and Family Center requires all parents sign the Emergency Permission form below as per regulation # NAC 432A.340-2e (NRS432A.077) for the state of Nevada Child Care Licensing and as required by the State of Nevada System of Higher Education (NSHE).

I hereby grant permission for the Director or acting director to act on my behalf, in regards to my child, in the case of an emergency to take whatever steps may be necessary to obtain medical care if warranted. These steps may include, but are not limited to, the following:

1) Attempt to contact a parent or guardian.
2) Attempt to contact the child’s physician.
3) Attempt to contact parents through any of the persons listed on the emergency information form you completed for us.
4) If we cannot contact you or your child’s physician, we will do any or all of the following.
   a) call our campus EMT
   b) call an ambulance
   c) have the child taken to the hospital by the local emergency unit.

In case of medical emergency, I understand that my child will be transported to Northeastern Nevada Regional Hospital by the local emergency unit for treatment, at my expense, if the local emergency resource deems it necessary.

Parent’s Signature: ____________________ Date: ________________