GENTLE RAIN PRE SUMN	3			
Child's first name	middle initial	last name		
Gender	Child's Birth Date		Age as of Sept 1 st	
Mailing Address				
Primary Phone Number				
Parent/Guardian 1 name	F	phone number	email address	
Parent/Guardian 2 name	r	bhone number	email address	

Any concerns we should be made aware of? ex.: recent death, divorce, new baby, pfa, medical condition

All children attending the Summer Preschool Program must be FULLY potty trained by their

first day of attendance.

Send completed applications to:

GENTLE RAIN PRESCHOOL

PO Box 98

Strausstown PA 19559

Date Received:

Initial _____

Tuition Rates and Registration

Five full days: \$132.00 per week Three full days (Mon/Wed/Fri): \$87.00 per week Two full days (Tues/Thurs): \$65.00 per week

Please CHECK the weeks you would like your child to attend.

0	June 16-20 Welcome Summer!	0	July 21-25 Music Fest!
	Celebrate all things summer!		Learn about different musical instruments and styles of
	Five daysThree daysTwo days		music. Create music of our own.
0	June 23-27 Beach Bash!		Five daysThree daysTwo days
	A beach adventure right in our classroom.	0	July 28-August 1 Jurassic Park!
	Five daysThree daysTwo days		Go on a dinosaur adventure!
0	July 7-11 Under The Sea!		Five daysThree daysTwo days
	Explore the ocean and learn about some of the	0	August 4-8 Culinary Creations!
	creatures that call it home.		Spend some time in the kitchen making and trying
	Five days Three daysTwo days		delicious creations.
0	July 14-18 Artistic Inspiration!		Five daysThree daysTwo days
	Learn about the lives and art of some famous artists and	0	August 11-15 Color Wonder!
	create art of your own.		Explore the world of color.
	Five daysThree daysTwo days		Five daysThree daysTwo days

I would like to add: Early Drop Off (\$7/day) Late Pick Up(\$7/day)

Tuition is due before/at drop off each Monday. Cash, Check or Brightwheel App. Please provide packed lunch daily. Water play day every Friday, weather permitting. Please pack a swimsuit, towel, sunscreen, and water shoes. Policies from the 2024-2025 Parent Handbook will apply (found on our website). Program will not be session the week of June 30th due to the July 4th holiday.

Please turn in registration form by May 3rd so we can ensure we meet our minimum registration requirements. If we meet our minimum by May 3rd we will continue to accept registrations.

Student Medical Record

CHILD IMMUNIZATION RECORDS ARE REQUIRED AT TIME OF REGISTRATION.

Child's Name					
Parent 1's cell phone number					
Parent 2's cell phone number work phone number					
Please explain any restrictions or limitations affecting participation in activities.					
Be specific					
Any allergies? Be specific		EpiPen required			
Physician:		_			
		_			
Phone:					
Please list any medications your child is taking:					

I hereby authorize Gentle Rain Preschool to call an ambulance to take my child directly to the hospital in an emergency where such action is deemed urgently advisable and my child's doctor cannot be reached, and I shall bear financial responsibility for above stated treatment.

Should the school be unable to contact us in the event of an emergency, we would like that one of these two people be contacted:

Name

Telephone

Name

Telephone

Emergency contacts should be reliable persons who have transportation and are available during your child's class session. This must be someone your child knows well and who can be called upon in an emergency to pick up the child at school and care for him/her.

Child Release Form

Children will be released only to those persons you authorize. Please inform the office promptly of any change.

	_will be transported to	and from school by only the following people. (Please
include the make and model of the car	they drive)	
1.)		
2.)		
3.)		
4.)		

Is there anyone you do not want your child released to, please list their name and relationship;

I understand I must inform the school in writing of any changes.

Signature of Parent/Guardian

GENTLE RAIN PRESCHOOL PHOTO RELEASE FORM

date

I hereby grant permission to GENTLE RAIN PRESCHOOL to use photographs and/or video of my child in publications, news releases, online, and in other communications related to the mission of **GENTLE RAIN PRESCHOOL OF ZION BLUE MOUNTAIN UCC.**

Child's Name

Signature of Parent/Guardian

date

I do not grant permission for photographs or video to be used of my child in publications, news releases, online, and in other communications

GETTING TO KNOW _____

	(Child's Name)					
Which hand does your child prefer to write with?	LEFT-HAND	RIGHT-HAND	UNDECIDED			
List 3 things your child loves.						
1 2		3				
What is the preferred name your child uses or an	swers to?					
Does your child have any limitations or handicaps	s? YES	NO				
Please explain						
What school do your older children attend? D		ding				
Besides parents, who lives in the household and	what are their re	elationships to yo	ur child?			
Do you have any pets? If so, what kind and what	are their names	?				

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Do you have any special talents (example plays an instrument or a career or special interest that you

would like to share with the class?

If you have any individual concerns regarding your child's development, learning behaviors or require

additional classroom assistance, please schedule a time to meet with the director and assistant director

by calling 610-488-0509 or email preschoolgentlerain@gmail.com.

At Gentle Rain Preschool we encourage each child's Social – Emotional – Cognitive – Development in language skills, physical development in gross and fine motor skills, all while building the positive character of the students in Christian love.