

**Gateway Fairport Nursery, Inc.
2024-2025 Enrollment form**

Child's Name: _____ DOB: ____/____/____

Female: _____ Male: _____ Nickname: _____

of Children in Family: ____ Child's Position in Family: _____

Parent 1: _____ Cell Phone: _____

Address: _____

(Please Include Town and Zip if not Fairport)

Email Address: _____

Occupation: _____ Work Phone: _____

Parent 2: _____ Cell Phone: _____

Address: _____

ONLY IF DIFFERENT THAN PARENT 1 Please include Town and Zip if not Fairport**

Email Address: _____

Occupation: _____ Work Phone: _____

Person and Phone Number to call during SCHOOL HOURS if needed:

Name: _____ Phone: _____

In case of an emergency and you CANNOT be reached call:

Name	Phone Number	Relationship to Child

Child's Physician: _____

Name of Practice: _____

Physician's Phone Number: _____

Persons Authorized to Pick Up Your Child (Other than Parent/Guardians):

Name	Relationship to Child	Phone

Allergies, Classifications, Conditions, Dietary Restrictions: _____

Services Currently Receiving: Speech _____ OT _____ PT _____ Special Ed _____

Please attach forms from EI, School District and/or Agency providing services.

What name would you like us to call your child by: _____

What name would you like us to teach your child to write : _____

PLEASE CHECK THE BOX FOR THE CLASS YOU ARE REGISTERING YOUR CHILD FOR:

Select	CLASS	PRICE	TIMES
	2's Purple	\$200 per month	Tuesday/Thursday 9:00 - 11:00 am
	2's Blue	\$200 per month	Monday/Wednesday 9:00 -11:00 am
	3's Green	\$230 per month	Monday/Wednesday/Friday 9:00 -11:45 am
	3's Yellow	\$200 per month	Tuesday/Thursday 9:00 -11:45 am

***4's information coming soon.**

***4's ONLY: Are you entering the lottery for UPK? Yes _____ No _____**

Class Size Disclaimer

2's class must have a minimum of 8 students per class to run	3's class must have a minimum of 12 students per class to run	4's class must have a minimum of 10 students to run
--	---	---

Health Information: I understand that I must submit a current (dated 2024) copy of my child's Immunization Record prior to the first day of school. I will also submit a new copy of this record if my child has a birthday and a well child visit during the school year.

Medical Agreement: In the event of an emergency, every effort will be made to contact the parent. In the event that I cannot be reached, I authorize Gateway Fairport Nursery to act on my behalf. I understand that they will use their best judgement and if the emergency requires medial care, I give Gateway Fairport Permission to call 911 on my child's behalf and I accept and understand that I am responsible for any and all medical costs that may incur. In the event of minor injuries at Gateway Fairport, I give permission to the staff to administer any basic first aid needed (washing injury, band-aid, ice pack).

Photo Consent: I give Gateway Fairport permission to take photos of my child throughout their preschool day and share via weekly newsletter. If there is a photo of your child that Gateway Fairport would like to use on their Facebook page or on their website - they will ask for your permission.

Information Consent: I give Gateway Fairport permission to share my child's contact information (name, parent's name, address, phone numbers, emails) in the form of a Friendship List to the other families in the class.

4's Only: I give permission for my child to go on walks with their class in the village.____
Please initial on line if you have a 4 year old

Gateway Handbook: I have reviewed the Gateway Handbook located on the website (gatewayfairport.com). If I need a physical copy of the handbook, I will reach out to the Owner/Director for a physical copy. I agree to notify Gateway Fairport Nursery in writing of any changes in family status, address, and or emergency contacts.

Registration Process: A non-refundable registration fee of \$100 is due within 7 days of online enrollment. Enrollment forms are due within one month of enrollment. Immunization forms are due prior to the first day of school (September 9, 2024). Check or Venmo (if paying via Venmo \$105 will be due).

Tuition: Payments will be due the 15th of the month starting in August and ending on April 15th (even though the program will go into May). There will be **NO** \$50 credit for the first month of tuition, as the registration fee this year has been increased to \$100 to be more comparable to other programs in our area.

*A LATE FEE of \$15.00 will be charged if tuition payments are not received by the 15th of the month.

*Venmo is accepted @GatewayFairport. Parents are responsible to pay a \$5.00 service fee per class tuition that you are paying for. (For example if you have 2 children in classes, you must pay their tuition and an additional \$10 to cover Venmo Fees).

*A 30 day written notice is required to withdraw from the program.

My signature acknowledges my understanding and agreeing to the above information.

Child's Name: _____

Parent's Signature: _____ Date: _____

If you have any questions please contact the Owner/Director:

Wendy Tomé

wendy@gatewayfairport.com

585-223-0510