

**Gateway Fairport Nursery, Inc.  
2025-2026 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	\$220 per month	Tuesday/Thursday 9:00 - 11:00 am
	2's Blue	\$220 per month	Monday/Wednesday 9:00 -11:00 am
	3's Green	\$270 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 Orange	\$370 per month	Monday - Friday 9:00 - 11:45 am

As per the school district, all children must be the of the class by December 1.

**\*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
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**Health Information:** I understand that I must submit a current (dated 2025) 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 8, 2025). Check or Venmo (if paying via Venmo \$105 will be due).

**IMPORTANT TUITION DATES:**

\*New this Year: First quarter of tuition (September, October, November) tuition will be due on June 1st. Failure to pay by July 1st. Will forfeit your child's spot at Gateway. This first quarter tuition will only be refunded if the child is moving out of the area or because of a medical condition.

\*Remainder of tuition payments will be due the 15th of the month starting in November and ending on April 15th (even though the program will go into May).\*A LATE FEE of \$15.00 will be charged if tuition payments are not received by the 15th of the month.

\*Checks returned due to NSF will result in a charge that is determined by the bank.

\*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: \_\_\_\_\_

Questions? Contact Wendy Tomé, Owner/Director wendy@gatewayfairport.com