



GEM EXPRESS PRESCHOOL & KINDERGARTEN REGISTRATION FORM 2024-2025

Director - Diana Abbott
Email: Diana@grace-efc.org
Website: gemexpress.org
2005 Estates Parkway

Phone: 972-727-0071
Fax: 888-380-3199

Student's First and Last Name:	Student's Preferred Name:	Circle one: Male or Female	Date of Birth:
Student's Home Address:	City:	Zip:	
Father's First and Last Name:	Mother's First and Last Name:		
Father's Cell Phone:	Mother's Cell Phone:		
Has your child been evaluated and/or diagnosed for any physical, emotional, or behavioral conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give a brief description and elaborate on page 3:			

Parent Email Information GEM tuition statements, as well as most teacher communication, will be sent via email.																					
Parent Name: _____	Print email in boxes below																				
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All registration fees are nonrefundable				
REGISTRATION FEES	2 Year Old Class <small>*must be 2 years old by Sept. 1st</small>	3 Year Old Class <small>*must be 3 years old by Sept. 1st</small>	4 Year Old Class <small>*must be 4 years old by Sept. 1st</small>	Kindergarten <small>*must be 5 years old by Sept. 1st</small>
CIRCLE ONE: *Registration fee listed	2 days: T/Th - \$285	2 days: T/Th - \$285		
	3 days: M/W/F - \$315	3 days: M/W/F - \$315	3 days: M/W/F - \$315	
			4 days: M-Th - \$390	4 days M-Th - \$410
	T/Th & M/W/F - \$425	T/Th & M/W/F - \$425	4 days + Enrich: - \$425	4 days + Enrich: - \$425

EXTENDED CARE	Before Care Only 8:00am - 9:00am	After Care Only 2:00pm - 4:00pm	Before and After Care 8:00am-9:00am & 2:00-4:00pm
REGISTRATION FEE: - \$30 Before Care Only - \$40 After Care Only - \$50 Before and After	1 day: (circle day) M T W Th F	1 day: (circle day) M T W Th F	1 day: (circle day) M T W Th F
	2 days: (circle days) M T W Th F	2 days: (circle days) M T W Th F	2 days: (circle days) M T W Th F
	3 days: (circle days) M T W Th F	3 days: (circle days) M T W Th F	3 days: (circle days) M T W Th F
	4 days: (circle days) M T W Th F	4 days: (circle days) M T W Th F	4 days: (circle days) M T W Th F
	5 days: M T W Th F	5 days: M T W Th F	5 days: M T W Th F

All prices are a yearly tuition fee broken down into monthly payments	
MONTHLY TUITION All Classes 9am - 2pm	2 and 3 Year Old Classes: 2 days - \$320 3 days - \$375 5 days - \$510 4 Year Old Classes: 3 days - \$375 4 days - \$440 4- Day 4s + Friday Enrichment: \$525 Kindergarten: 4 days - \$465 Kindergarten + Friday Enrichment: \$550 Friday Enrichment Only: \$180

Referred to GEM by:
(please list person's name) _____

Parent/Guardian Signature: _____ Date: _____

Continue on back

OFFICE USE ONLY	FIRST DAY ATTENDED: _____	WITHDRAWAL DATE _____	AUTODRAFT: YES _____ NO _____
AGE: _____	CLASSROOM: _____	TEACHER: _____	MONTHLY TUITION: _____
NOTES: _____	EXTENDED CARE: _____		
PAYMENT ADJUSTMENTS: _____	EARLY BIRD	TOTAL TUITION: _____	
REGISTRATION PAID: CHECK # _____	CASH _____	AMOUNT PAID: _____	DATE PAID: _____



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Family Information

Student's Ethnicity: (Please check one)	
<input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other: _____	
Primary Language:	
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	
Student Lives With:	
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Guardian Special Notes: _____	
Father's Employer:	Mother's Employer:
Father's Work Phone:	Mother's Work Phone:
Church Preference:	Siblings' names and ages:
Estimated Student's Shirt Size for September 2024 (they run small) : (Please circle one)	
3T 4T 5T 6T YXS YS YM YL YXL AS AM	
Is your child potty trained? <input type="checkbox"/> No <input type="checkbox"/> Yes Although we anticipate toileting accidents, children registered in the 3 year old classes through kindergarten are expected to be toilet trained. Students may not register for Pre-K or Kindergarten unless fully toilet trained. Children should be able to tell their teacher they need to use the restroom and care for their restroom needs independently.	

Policy Acknowledgements

Operational Policies/Student Handbook

I acknowledge receipt of the facility's operational and discipline and guidance policy and agree to comply with said policies. Initials: _____

I understand that snack and lunch will be served to my child while in care and lunch is provided daily by parents. Initials: _____

CHECK ALL THAT APPLY:

WATER ACTIVITIES: I hereby give do not give my consent for my child to participate in water activities
 sprinkler play splashing/wading pools water table play

INDOOR OBSTACLE COURSE & INFLATABLE SLIDE: I hereby give do not give my consent for my child to participate in the indoor obstacle course & inflatable slide.

PETTING ZOO / LIVE ANIMALS: I hereby give do not give my consent for my child to participate in a petting animals (ex: visiting petting zoo, or horse for 4s Rodeo, etc.)

Initials: _____

Student Photograph/Video Release

I acknowledge that photos of my child may be used in the following: GEM's Facebook and website, in-house video presentations on program days, and classroom specific share site. Please contact the GEM office with any concerns.

* No names will be included in any posts.

Initials: _____

Classroom Specific Share Site Agreement

As a courtesy for your privacy and that of other GEM families we are requiring all parents to initial this agreement.

I understand that my child's teacher will be using a classroom specific account (such as BAND) as a communication tool. Periodically my child's teacher may post pictures. I understand I may download pictures of my child as long as they are the only one in the photo. However, to respect the privacy of GEM families, I will not download any other pictures from our classroom specific account.

Initials: _____

Class Contact Release

Student contact information may be distributed among each class. Each student's name, parents' names, phone number(s), and email(s) will be included in the class list. Please check the appropriate box below.

I hereby give do not give my consent to be included in the class contact list.

Initials: _____



**GEM EXPRESS PRESCHOOL & KINDERGARTEN
REGISTRATION FORM 2024-2025**

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION: In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to Allen Presbyterian Hospital to secure any and all necessary emergency medical care for my child.

I give consent for the facility to secure any and all necessary emergency medical care for my child:

_____ Signature of Parent or Legal Guardian

Allen Presbyterian Hospital: 1105 Central Expy. North, Allen, TX 75013; 972-747-1000

Emergency Contact Information: **(Local contact other than parents that can be reached during school hours):**

Name: _____ Relationship: (ex: friend, aunt, uncle) _____
 Address: _____ City: _____ Zip: _____
 Cell Phone: _____ Home Phone: _____

Allergy Information: If your child has an allergy, food intolerance, or a current or previous medical condition, please list the specifics below so we can best care for your child.

Allergy	Severity (Mild, Moderate or Severe)	Treatment (if any) or Additional Notes*
1		
2		
3		
Food Intolerance	Reaction	
1		
2		
3		
Medical Condition	Limitations (if any)	
1		
2		
3		

*Any allergies requiring medication must have additional allergy forms completed prior to the first day of school. Please see the office for forms.

None of the above

Evaluation Information - Elaborated from page 1

Parent/Guardian Signature _____

Date _____

****Continue on back****



Liability Release and COVID Acknowledgement Release

I have read and understand the GEM Express Preschool and Kindergarten parent handbook.

_____ (student's name) has my permission to participate in all activities of GEM Express Preschool and Kindergarten. I understand that my child will be under adult supervision at all times. In consideration of the benefits to be derived from these activities, I hereby voluntarily waive any claim against GEM Express Preschool and Kindergarten and Grace Church. I hereby authorize emergency medical care or first aid treatment as needed in the event of illness or injury during any activity of GEM Express Preschool and Kindergarten.

Furthermore,

I acknowledge the contagious nature of COVID and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that GEM Express Preschool & Kindergarten has put in place preventative measures to reduce the spread of COVID.

I further understand that GEM Express cannot guarantee that said person will not become infected with COVID. I understand that the risk of becoming exposed to and/or infected by COVID may result from the action, omissions, or negligence of my student and others including, but not limited to, GEM Express staff, and other students and their families.

I voluntarily seek services provided by GEM Express and acknowledge that I am increasing risk to exposure to COVID. I acknowledge that my student must comply with all set procedures to reduce the spread while attending.

I hereby release and agree to hold GEM Express from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, costs, expenses, and compensation for damage loss to my student and/or property that may cause by an act, or failure to act of the school, or that may otherwise arise in any way in connection with any services received from GEM Express. I understand that this release discharges GEM Express from any liability or claim that, I, my heirs, or any personal representatives may have against the school with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from GEM Express. This liability wavier and release extends to the school together withal owners, partners, and employees.

Student's Name: _____ Age: _____

Parent/Guardian Signature: _____ Date: _____



Student Pick Up List 2024-2025

Child's Name: _____

Only the following person(s) have authorization to pick up my child from GEM Express Preschool & Kindergarten. *Any changes to this list need to be made in person through the GEM office.*

Name:	Relation to Child:	Phone Number:
(Mother)	Mother	
(Father)	Father	
(Emergency Contact listed from page 3)		

Parent/Guardian Signature _____

Date _____



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Website: www.gemexpress.org

2005 Estates Parkway
Lucas, TX 75002

Phone: 972-727-0071
Fax: 888-380-3199

Child's Full Name: _____ **DOB:** _____

Healthcare Professional's Statement:

I have examined the above named child within the past year and find that he/she is able to take part in the day care program.

Healthcare Professional's Signature Date

Name, address, and phone number of health care professional:

*State Licensing requires all students 4-5 years old to have an annual hearing & vision screening upon initial enrollment and for the results to be on file at GEM. Please submit hearing & vision screening results with this form if applicable.



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: GEM Express Preschool & Kindergarten

I (we) hereby authorize GEM Express Preschool & Kindergarten hereinafter called COMPANY to initiate debit entries to my (our) Checking Account/Savings Account (select one) indicated below at the depository financial institution named below, hereafter called BANK, and if necessary, initiate adjustments for any transactions debited in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name _____

Routing Number _____ Account # _____

This authorization is to remain in full force and effect until COMPANY has received **written** notification from me (or either of us) of its termination in such time and in such manner to afford COMPANY and BANK a reasonable opportunity to act on it.

Name (s) _____
(Please Print)

Date _____ Signature _____

NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.