

*Galilee Lutheran Preschool*  
 4652 Mountain Road  
 Pasadena, Maryland 21122  
 Phone 410-255-3504  
 Email [preschool@galileelutheranchurch.org](mailto:preschool@galileelutheranchurch.org)

Office Use Only	
3's 9:15-11:45 _____	3's 9:15-2:15 _____
4's 9:15-11:45 _____	4's 9:15-2:15 _____
4/5's 9:15-11:45 _____	4/5's 9:15-2:15 _____
Reg. Fee _____	Date Paid _____
Act. Fee _____	Date Paid _____

**Isaiah 54:13 All your children shall be taught by the Lord, and great shall be the peace of your children**

I would like my child to be enrolled in: (please initial and date next to your choice)

Class	Days	Session	Monthly Fee	Initial/Date
3's	T/TH	9:15-11:45 Half Day	\$153.00	
3's	T/TH	9:15-2:15 Full Day	\$205.00	
4's	M/W/F	9:15-11:45 Half Day	\$221.00	
4's	M/W/F	9:15-2:15 Full Day	\$331.00	
4/5's	M-F	9:15-11:45 Half Day	\$289.00	
4/5's	M-F	9:15-2:15 Full Day	\$399.00	

As the parent/guardian responsible for registering my child, I understand the \$80.00 fee associated with registration is non-refundable. I also understand that paying the \$80.00 registration fee will secure my child's space at Galilee Lutheran Preschool for the upcoming school year in September. It is also my understanding that the \$50.00/\$70.00 activity fee must be paid by Meet and Greet which will be held in September. My child will be fully potty trained and without the use of diapers or pull ups by the first day of school. My child will also be able to independently take care of all toileting and clothing needs by the first day of school.

\_\_\_\_\_

Parent/Guardians Signature

\_\_\_\_\_

Child's Name

**Student Information**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child Resides with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other

Years Attending Galilee \_\_\_\_\_

**Parent or Legal Guardian Information**

(provide if different than child's current address)

Mother's Name \_\_\_\_\_

Mother's Address \_\_\_\_\_

Mother's Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Mother's Work Phone Number \_\_\_\_\_

Mother's Cell Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Address \_\_\_\_\_

Father's Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Father's Work Phone Number \_\_\_\_\_

Father's Cell Phone Number \_\_\_\_\_

**Family Information**

Siblings (Names and Ages)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

People who live in the home with your child and their relationship to your child

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A church you consider your primary place of worship

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***Personal History About Your Child***

Has your child had previous group or preschool experience? If so, when and where?

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Does your child have any allergies or food/drink restrictions? If so, please list. An Allergy Action Form and Medication Administration Form from MSDE will need to be completed and on file if your child has an allergy and would require medical treatment while at school.

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Does your child have any current or previous medical problems, concerns or special needs which could impact his/her preschool experience? If so, please explain.

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Has your child been evaluated by Infants and Toddlers? If so, please share the results and if a plan is in place.

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Has your child been evaluated by Child Find? If so, please share the results and if a plan is in place.

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Does your child have any bladder or bowel irregularities? If so, please explain.

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*Getting To Know My Child*

Please share your child's strengths and areas of interest.

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Galilee Lutheran Preschool  
Child Custody Information

The purpose of this form is to ensure that the parents of GLP students are authorized to pick up their child. Please read this section carefully and initial the section the best describes the dynamics of your family and sign/date the bottom.

Student's Name: \_\_\_\_\_

- A. If your child may be picked up by either parent at any point in time, **and there are NO legal custody arrangements**, please initial below and sign/date the bottom of this paper.

\_\_\_\_\_  
(Initial)

- B. If your child may only be picked up by one parent, **and there are NO legal custody arrangements**, please initial below and sign/date the bottom of this paper.

\_\_\_\_\_  
(Initial)

- C. If your child may be picked up by either parent **and there are court ordered arrangements and documents**, please initial below and sign/date the bottom of this paper.

Please attach a copy of the court ordered arrangements and documents which will be kept on file with your child's records in the preschool office.

\_\_\_\_\_  
(Initial)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Late Pick- Ups

We have in place a late pick-up policy. You have a 15 minute grace period for picking up your child (unless you call/notify us ahead of time). After 15 minutes you will be charged \$5.00 for the next 15 minutes. After 15 there will be a \$1.00 per minute charge until your child is picked up. The late pick-up payment is due by the next drop off time.

Child's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

Date: January 1, 2018

To: Parents, Teachers and Employees

From: Galilee Lutheran Preschool  
4652 Mountain Road  
Pasadena, MD 21122

Re: Availability of Asbestos Management Plan

In October of 1986, the U.S. Congress enacted the Asbestos Hazard Emergency Response Act (AHERA). Under this law, comprehensive regulations were developed to address asbestos problems in public and private elementary and secondary schools. These regulations require most schools to inspect for friable and non-friable asbestos, develop asbestos management plans that address asbestos hazards in school buildings and implement response actions in a timely manner.

These regulations assign schools many new responsibilities. Our program for fulfilling these responsibilities is outlined in our asbestos management plan. This plan contains information on our inspections, re-inspections, response actions and post-response active activities, including periodic surveillance activities that are planned or are in progress.

You can review this plan during regular business hours without cost or restriction.

If you have any questions about reviewing our management plan please contact:  
Jennifer Farrelly, Director at 410-255-3504.

MDE/KP-254(4-91)-12

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Verification of Receipt of Memorandum MDE/KP-254 (4-91)12  
Availability of Asbestos Management Plan

Child's Name: \_\_\_\_\_  
(please print)

Parent' Name: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Permission For Use Of Photographs

The purpose of this form is to gain permission for the use of photos taken by Galilee staff. Please read each section carefully and initial the section applies to your child.

Student's Name: \_\_\_\_\_

- A. During the course of the preschool year, photographs of the children and their activities are taken by preschool staff. These photographs are used only for display in the class, the Narthex of the church, the Galilee Gazette of Galilee Church, on our closed Galilee Lutheran Preschool and Church Facebook page and in their monthly album. Initial below if these photos are permissible to share.

\_\_\_\_\_  
(Initial)

- B. Galilee has a brochure which is given to those who tour and visit GLP. This brochure describes our school and shows photos of our "students in action" while spending time at preschool. Initial below if these photos are permissible to share in our school brochure.

\_\_\_\_\_  
(Initial)