

Galilee Lutheran Preschool
4652 Mountain Road
Pasadena, Maryland 21122
Phone 410-255-3504
Email preschool@galileelutheranchurch.org

Office Use Only	
2's 9:15-11:45 _____	3's 9:15-11:45 _____
2's 9:15-11:45 _____	3's 9:15-2:15 _____
2's 9:15-11:45 _____	
4's 9:15-11:45 _____	4/5's 9:15-11:45 _____
4's 9:15-2:15 _____	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
2's	M/W	9:15-11:45 Half Day	\$175.00	
2's	T/TH	9:15-11:45 Half Day	\$175.00	
2's	Friday Only	9:15-11:45 Half Day	\$85.00	
3's	T/TH	9:15-11:45 Half Day	\$175.00	
3's	T/TH	9:15-2:15 Full Day	\$230.00	
4's	M/W/F	9:15-11:45 Half Day	\$250.00	
4's	M/W/F	9:15-2:15 Full Day	\$370.00	
4/5's	M-F	9:15-11:45 Half Day	\$325.00	
4/5's	M-F	9:15-2:15 Full Day	\$450.00	

As the parent/guardian responsible for registering my child, I understand the \$80.00 fee associated with registration is non-refundable. I also understand paying the \$80.00 registration fee will secure my child's space at Galilee Lutheran Preschool. It is also my understanding that the \$50.00/\$70.00 activity fee must be paid at Meet and Greet which will be held in September. I understand that if my child is enrolled in the 3's or 4's class he/she must 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. I understand that if my child is enrolled in the 2's class the teacher will take care of diapering and toilet training will begin when my child shows signs of readiness.

Parent/Guardian 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

A church you consider your primary place of worship

Personal History About Your Child

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

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.

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.

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

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

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

Getting To Know My Child

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

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

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)