

Glad Tidings

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LAKE CHARLES, LA 70607
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Dear Preschool Parents,

We wanted to take a moment and express our sincere gratitude and appreciation to you and your family. We are honored that you have chosen Glad Tidings Preschool for your childcare. Our desire is to provide a clean and safe environment where your children can thrive. We are implementing tuition changes this school year that we wanted to make you aware of. We will have a small increase in tuition that will be reflected in August 15, 2023

Parents have inquired about tuition options and our staff has worked extremely hard to make this a viable option. Our current tuition payment schedule is based on a monthly basis. If you choose to pay monthly, the tuition will have to be paid in full by the 1st of each month. However, starting August 15, 2023, we will begin implementing a weekly tuition. If you choose to pay weekly we are asking you to pay a week in advance for this reason, we have had to increase the tuition to help with the "cost of rising inflation" prices. We pray that these payment options will be beneficial to you.

Below is the new tuition prices:

Tuition

**Infants-2 year olds: \$670.00 monthly/\$167.50 weekly

**3-4 year olds: \$630.00 monthly/\$157.50 weekly

Registration

**Infants-Pre-K 4: \$150.00

Summer/Holiday Care Registration

**Ages 6-15 year olds: \$125.00

Thank you again for allowing us the privilege of serving you and your family.

Blessings,

Glad Tidings Administration

GLAD TIDINGS PRESCHOOL

2023 REGISTRATION APPLICATION

I understand that I am responsible for the following information and all applicable fees *before* admittance of my child.

This paper and the following must be turned in with your child's application. Registration will not be accepted without a registrar's signature.

Registration and supply fee:

- Preschool
- Summer Care/Holiday Care

- Enrollment Agreement
- Immunization card
- CACFP Meal Benefit Form

Tuition:

- ITFT
- Full Time 3+
- Summer Care/Holiday Care

Total fees paid \$ _____
 Check # _____
 Cash Receipt# _____
 Other # _____

Amount billed \$ _____
Date _____
Billed by _____

Child's name _____
Parent's signature _____
Registrar's signature _____

Start Date _____
Date _____
Date _____

Note: Registration will not be accepted without all information, applicable fees and a signed form from parent and registrar. Physician's statement by fax must be received prior to acceptance.

-----*For office use only*-----

_____ Registrar's Initials

_____ Finance's Initials _____ Account number _____ Child's number

_____ Profiler's Initials _____ Child's birthday

_____ Copier's Initials

PLEASE TYPE OR PRINT CLEARLY IN INK

DATE: _____ AGE ENTERING: _____

NAME: _____
Last First Middle Name child goes by

Address: _____ Phone #: _____

City, State: _____ Zip Code: _____

Sex: M _____ F _____ Date of Birth: ____/____/____ Race: _____ Social Security #: _____

Church you attend: _____

1. Parents/Legal Guardian (living with student):

Names: _____
Dad's name Mom's name Last name

Dad's work #: _____

Dad's cell #: _____

Dad's Employer: _____

FAMILY EMAIL ADDRESS:

Mom's Employer: _____

Mom's work #: _____

Mom's cell #: _____

2. Parent/Legal Guardian (NOT living with student):

Name: _____
Last First

Address: _____
Street City State Zip Code

PERSON RESPONSIBLE FOR TUITION (if different than Parent #1 listed above) Relationship: _____ Phone: _____

Name: _____ Address: _____

Child's Name: _____ Birth date: _____

Authorized Pickups/Emergency Contacts (other than Parent #1 listed above):

1. _____ Relationship _____ Phone # _____

2. _____ Relationship _____ Phone # _____

3. _____ Relationship _____ Phone # _____

Student's Physician: _____ Phone # _____

Student's Dentist: _____ Phone # _____

Allergies/Disabilities: _____ Medication: _____

Is the child on a special or modified diet? YES _____ NO _____
(Physician's statement is required when a child is on a special diet for medical reasons; parental statement is required when a child is on a modified diet for religious reasons.)

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FINANCIAL AGREEMENT

1. I agree to pay a non-refundable registration and supply fee of \$100.00 per child per year. I understand that if I choose to withdraw my child and re-enroll at another time that I will have to pay another \$100.00 registration fee.
2. Once I enroll my child, I am responsible for the tuition every month whether my child is here or absent due to illness/vacation etc. There will be a \$10 late fee assessed on accounts not paid by the close of business on Tuesday.
3. I agree to pick up my child by 5:30 p.m. or have alternate pick-up arrangements. I understand that a \$10 late charge and \$5.00 for every additional 5 minutes thereafter. These fees are charged every time a child is picked up late for any reason.
4. I understand that my tuition may be divided into two payments or paid in the full at the first of each month. I agree to have my 1st payment paid by the 5th of the month and to have my 2nd payment paid by the 15th of the month. **Weekly payments must be paid two weeks in advance, the first time and will make weekly payments so it is paid by the 15th of the month. A \$25 late fee will be charged to my account on the 16th of the month. There will be NO exceptions.**
5. I understand that GTP **cannot carry delinquent accounts**. Failure to pay all tuition will result in the child not being accepted back into the Preschool **until the tuition is paid in full**.
6. I understand that I must pay my tuition in the office only. Teachers and staff are not allowed to take payments of any kind. All payments must be by check, cash, or money order.
7. I understand that I must submit a copy of my child's current immunization record before enrollment.
8. GTP is closed for the following holidays:
 - o New Year's Day
 - o MLK Day
 - o Mardi Gras
 - o Good Friday
 - o Easter Monday
 - o Memorial Day
 - o July 4th
 - o Labor Day
 - o Veteran's Day
 - o Thanksgiving Day
 - o Thanksgiving Friday
 - o Christmas Eve
 - o Christmas Day
 - o New Year's Eve
 - o Teacher's In-Service (4 per year, dates to be posted)
9. If a holiday falls on a Saturday, Friday will be observed as the holiday. If the holiday falls on a Sunday, the following Monday will be observed.

Signature _____

child name _____

Date _____



§1515.B

Consent to Release Information, Recordings or Photographs

I give my consent for _____ to release
(Name of Center)

information/photograph(s)/recording(s) of my child _____ from which my child
might be identified, except to authorized state and federal agencies.

Parent's Signature

Date



§1509.A.8.c.iv

Parental Authorization to Exceed One Minute in Time Out

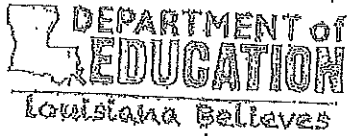
I understand that one of the behavior management tools this facility uses when a child misbehaves is time out. The facility's usual policy when placing a child in time out is not to exceed one minute per their age. Because my child is over 6 years old, I am giving permission for _____ to place

(Name of facility)

my child _____ in time out for a period to not exceed _____ minutes, should his/her behavior
(Name)
warrant this.

Parent's Signature

Date



§1509.A.11.d

Parental Authorization for PG Programming

My child, _____ has my permission to watch "PG" programming and is 5 years old or older.

Parent's Signature

Date