



Pleasanton Community Services
GINGERBREAD PRESCHOOL 2013-2014
REGISTRATION PROCESS



The following outlines the registration process for Gingerbread Preschool - Fall 2013 program.

Fall Program - September 9 - November 15

Your child's registration is determined by your child's age on December 2, 2013

**To register, you must submit the following 5 documents to Gingerbread Preschool
Between: May 1 - May 31, 2013**

- 1. The following Registration Form completed for each child**
- 2. Photocopy of Proof of Residency (Imprinted Check, Photocopy of Driver's License, or Utility Bill)**
- 3. Photocopy of State/County Birth Certificate or Passport (Hospital certificate is not acceptable)**
- 4. Photocopy of Immunization Records**
- 5. Payment in the form of a Check (Payable to City of Pleasanton), Visa, or MasterCard**

(Payment plans may be arranged by calling the preschool office (925) 931-3430)

Submit the completed registration form along with payment and requested documents either through the mail or in person Monday - Friday, 8:00am - 3:00pm by May 31st.

Mail In: Gingerbread Preschool
P.O. Box 520
Pleasanton, CA 94566

Walk In: Gingerbread Preschool
4333 Black Ave.
Pleasanton, CA 94566

KEY DATES:

- May 1 - First day applications accepted for fall registration 2013
- May 31 - Last day to submit fall application for registration 2013
- Jun. 17-21 - Parents will receive a receipt with the Class Time Only (teacher assignments will be made in August)
- Aug. 12-16 - Parents will be notified of their classroom and teacher placement
- Sept. 9 - School Starts

REGISTRATION PROCESS:

1. On the first Monday in June, all applications are put into a large container, mixed, and then randomly selected.
2. Pleasanton residents (R) are registered first, followed by non residents (NR).
3. If courses are full, families will be waitlisted for their first choice and sent notification by mail.

CLASS FORMATION PROCESS:

1. Children are divided by male and female to balance the classroom.
2. Birthdates are then considered.
3. Parent requests are reviewed although it is not guaranteed that all requests can be accommodated.
4. In August, teacher placement is completed.
5. Class lists are then finalized; parents receive confirmation of their child's class.

SCHOOL START DATES:

- September 9 - 4's and 5's
- September 10 - 2's (T/TH) and 3's
- September 11 - 2's (W/F)



GENERAL REGISTRATION APPLICATION

TO SUCCESSFULLY REGISTER, GIVE YOUR CHILD'S AGE AND 6 TIME CHOICES IN ORDER OF PRIORITY

Child's First Name _____ Last _____ Childs Age as of Dec. 2, 2013 _____

Home Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

4's – M/W/F (2.5 hours per day)

Rank your time choice 1-6 in order of priority:

<input type="checkbox"/> AM	8:30am-11:00am	R/\$544.00	NR/\$598.00	<input type="checkbox"/> PM	11:50am-2:20pm	R/\$544.00	NR /\$598.00
<input type="checkbox"/>	8:40am-11:10am	R/\$544.00	NR/\$598.00	<input type="checkbox"/>	12:00pm-2:30pm	R/\$544.00	NR /\$598.00
<input type="checkbox"/>	8:50am-11:20am	R/\$544.00	NR/\$598.00	<input type="checkbox"/>	12:10pm-2:40pm	R/\$544.00	NR /\$598.00

Special Request: _____

PAYMENT INFORMATION:

Payment is due at the time of registration. *Payment Plans are available on request*

CHECK – Make check payable to the **City of Pleasanton** Total Amount: _____ Check Number: _____

VISA **MASTERCARD** Total Amount: _____ Card Number: _____

Expiration Date: _____ **Card Holders Signature:** _____

Sign after printing

CONSENT / CONTRACT RELEASE FORM 2013-2014

Waiver, Release and assumption of Risk: The City of Pleasanton is sponsoring the above activity. My (My child's) participation in this activity is voluntary. I am (my child is) physically fit to participate in this activity. I understand that this activity involves risks and that serious injuries could occur while I am (my child is) to participate in this activity. I (on behalf of my child) hereby assume the risk, and hereby waive, release and discharge the City of Pleasanton, its Council, officials, employees, volunteers, instructors, agents, sponsors and promoters of this activity, from any and all claims for damages for personal injuries or death, or claims for damages to property, which I (my child) or my (child's) heirs, assign, executors or administrators may have or which may accrue to my (child's) participation in this activity, including transportation provided during the activity as applicable. I have read the above and understand that important legal rights are being waived.

I consent to the City's use of any photographs that are taken of me (my child) while participating in the City's programs for use in the City's promotions and publications in print and on the World Wide Web (Internet). No payment will be made for use of these photographs.

If you do not want you or your child (ren) photographed or videotaped while participating in a City recreation class or activity for the use in City publications, please contact the Community Services office at (925) 931-5340, to request and "Opt Out of Photo" form to be completed at least two weeks prior to the start of you or your child(s) class.

Parent/Guardian

Signature Required: _____ **Print Name:** _____

Sign after printing

Date: _____