Pleasanton Community Services

GINGERBREAD PRESCHOOL 2014-2015

GENERAL REGISTRATION PROCESS

The following outlines the registration process for Gingerbread Preschool - Fall 2014 program.

FALL PROGRAM: SEPTEMBER 8 - NOVEMBER 21, 2014

Your child's registration is determined by your child's age on December 2, 2014

To register, you must submit the following 5 documents to Gingerbread Preschool
Beginning: May 1st, 2014

1. **The attached 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 <u>or</u> 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 in person at the preschool office (925) 931-3430)

<u>Submit the completed registration form along with payment and requested documents either through the mail or in person Monday - Friday, 8:30am - 3:00pm May 1st – 30th</u>.

<u>Mail In:</u> Gingerbread Preschool
P.O. Box 520
Pleasanton, CA 94566

<u>Walk In:</u> Gingerbread Preschool
4333 Black Ave.
Pleasanton, CA 94566

KEY DATES:

May 1 - First day applications accepted for fall registration 2014
May 30 - Last day to submit fall application for registration 2014
Jun. 23-27 - Parents will receive a receipt with the <u>Class Time Only</u> (teachers will be assigned in August)
Aug. 11-15 - Parents will be notified of their classroom and teacher placement
Sept. 8 - 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. Parent requests are reviewed although it is not guaranteed that all requests can be accommodated.
2. In August, teacher placement is completed.
3. Class lists are then finalized; parents receive confirmation of their child's class.

SCHOOL START DATES: September 8
- 4's and 5's September 9 - 2's (T/TH) and 3's September 10 - 2's (W/F)

Pleasanton Community Services

GINGERBREAD PRESCHOOL 2014-2015

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 Birthdate** _____

Home Address_____City_____Zip_____**Child's Date of Birth**_____/_____/_____

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:

AM			PM		
____ 8:30am-11:00am	R/$619.00	NR /$681.00	____ 11:50am-2:20pm	R/$619.00	NR /$681.00
____ 8:40am-11:10am	R/$619.00	NR /$681.00	____ 12:00pm-2:30pm	R/$619.00	NR /$681.00
____ 8:50am-11:20am	R/$619.00	NR /$681.00	____ 12:10pm-2:40pm	R/$619.00	NR /$681.00

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:** _____

CONSENT / CONTRACT RELEASE FORM 2014-2015

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:** _____

Date:_____