

# SCHOOL YEAR 2021 - 2022

Child Name: \_\_\_\_\_

## GILEAD CHRISTIAN EARLY CHILDHOOD CENTER



**“But those who hope in the Lord will renew their strength. They will soar on wings like eagles,  
they will run and not grow weary, they will walk and not be faint.” Isaiah 40:31**

**SOUTH CAMPUS  
Early Childhood Center  
4863 US HWY 42, Mt. Gilead, OH 43338  
Phone: 419.946.5990 Fax: 419.946.1103**

**[www.gileadchristianschool.org](http://www.gileadchristianschool.org)**

# FAMILY INFORMATION

## PARENTS (living with child)

Name(s): \_\_\_\_\_ Mr./Mrs./Ms./Miss/Dr. (circle)

E-mail Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

How would you like to receive Non-Emergency Information (i.e. Newsletter)? E-mail \_\_\_\_\_ Hard Copy \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Attending church regularly?  Yes  No Name of Church: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Do you or your spouse have a personal relationship with Jesus Christ? \_\_\_\_\_

Person(s) responsible for payment of the tuition: \_\_\_\_\_

## PARENTS (not living with child)

Name(s): \_\_\_\_\_ Mr./Mrs./Ms./Miss/Dr. (circle)

Relationship to student: mother/father/step-parent/legal guardian/other \_\_\_\_\_

Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## PLEASE CHECK ALL THAT APPLY IN THE FOLLOWING CATEGORIES

**Who has legal custody of the student?** \_\_\_\_\_ Both Parents \_\_\_\_\_ One Parent (Mother or Father) \_\_\_\_\_ Ward of State \_\_\_\_\_ Divorced  
\_\_\_\_\_ Foster Care \_\_\_\_\_ Mother and Stepfather\* \_\_\_\_\_ Never Married \_\_\_\_\_ Separated  
\_\_\_\_\_ Guardian \_\_\_\_\_ Father and Stepmother\* \_\_\_\_\_ Married \_\_\_\_\_ Other

\*Only choose Mother/Stepfather or Father/Stepmother if BOTH the parent and stepparent have legal custody of the child and documentation can be provided.

**Type of custody?**  Full Custody Do you have a court order restricting the non-custodial parent(s)  Yes  No  N/A  
 Shared/Joint Custody Do you have complete custody papers?  Yes  No  N/A

**A COMPLETE SET OF CURRENT CUSTODY AND/OR GUARDIANSHIP PAPERS MUST BE ON FILE WITH THE SCHOOL OFFICE**

**All forms in this packet must be completed and turned in with the registration fee**

Once your enrollment packet is reviewed, a date will be scheduled for your child to begin and enrollment will be complete.

# CHILD INFORMATION

Start Date: _____
-------------------

Child's Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Student's Race/Ethnic Category: White/Non-Hispanic \_\_\_ Black/Non-Hispanic \_\_\_ Hispanic \_\_\_ Asian/Pacific Islanders \_\_\_  
American Indian/Alaskan Native \_\_\_ \*Multi-racial \_\_\_ \*origins in two or more of the categories

School district student lives in: \_\_\_\_\_

Briefly state your reason for applying to Gilead Christian Early Childhood Center:

- Christian Environment     Academics     Special Needs     Recommendation by a friend     Other

Has this child had serious health, academic, conduct, emotional, developmental difficulties or areas of special needs such as handicaps? \_\_\_\_\_

---

## ENROLLMENT SCHEDULE

Please check the following days of the week that your child will be using the Early Childhood Center.

Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_  
Infant \_\_\_ Toddler \_\_\_ PreSchool \_\_\_ PreKindergarten \_\_\_

---

Publish my contact information in the **Family Calling List**:     Yes     No

Choose one: Cell # \_\_\_\_\_, Home #: \_\_\_\_\_,

or Email Address: \_\_\_\_\_

## Media Release

On occasion, we publicize or promote our programs or accomplishments in a variety of media. There may be times when we photograph children during special events, parties and activities in our school. These photographs may be published in the GCS Newsletter or Facebook page. In addition, local newspapers may ask to cover an event and publish it.

- Yes, I give consent for my child's photo to be taken  
 No, I DO NOT give consent for my child's photo to be taken

**Would you like your child's photo to be published in the school yearbook?**

- Yes, I give consent for my child's photo to be taken  
 No, I DO NOT give consent for my child's photo to be taken

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

---

## Gilead Christian School Mission and Vision Statements

Gilead Christian School partners with families and churches to be and make active disciples of Jesus Christ by training hearts, growing minds and inspiring lives.

Gilead Christian School will contribute to our community by fostering Christ centered disciples through the pursuit of spiritual development and academic excellence founded on a Biblical worldview.

## GILEAD CHRISTIAN SCHOOL STATEMENT OF PARENT SUPPORT

We recognize that, as parents, we are fully responsible for our child(ren). In placing our child(ren) in Gilead Christian School, we place him/her under the authority of the school and will support the goals and standards of this school. We agree to:

1. Pray for the ministry of the school, the staff and the children.
2. Support the school with our time and abilities as needed and available.
3. Support the school staff in determining the proper discipline measures for each child.
4. By my own conversation and attitude, encourage my child(ren) in positive attitudes toward the school.
5. Encourage my child(ren) in habits of promptness, neatness and cooperation.
6. Cooperate in training my child(ren) to respect school property and pay for irregular abuse of same.
7. Send my child(ren) to school dressed and groomed according to the dress policy.
8. Contact the school immediately concerning any problems. I will not discuss a school problem with friends, other parents, or church members until it has been dealt with through the proper channels. Observing the Matthew 18 principle.
9. Meet all financial obligations required by the school and be ultimately responsible for payment of my child(ren)'s expenses even if an alternate party has made a commitment to pay and failed to do so.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

The Gilead Christian School recruits and admits students of any race, color, gender or ethnic origin to all its rights, privileges, programs and activities. In addition, the school will not discriminate on the basis of race, color, gender or ethnic origin in the administration of its educational programs, scholarships/loans/fees and tuition waivers, and athletics/extracurricular activities, nor in the hiring of faculty or administrative staff. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered or public school district initiated desegregation.

---

## GILEAD CHRISTIAN SCHOOL STATEMENT OF FAITH

1. *We believe* the Bible to be the inspired, the only infallible, authoritative, inerrant Word of God (2 Timothy 3:16, 2 Peter 1:21).
2. *We believe* there is one God, eternally existent in three persons-Father, Son, and Holy Ghost (Genesis 1:1, Matthew 28:19, John 10:30).
3. *We believe* in the deity of Christ (John 10:33), His virgin birth (Isaiah 7:14, Matthew 1:23, Luke 1:35), His sinless life (Hebrews 4: 15, 7:26), His miracles (John 2:11), His vicarious and atoning death through His shed blood (1 Corinthians 15:3, Ephesians 1:7, Hebrews 2:9), His bodily Resurrection (John 11:25, 1 Corinthians 15:4), His Ascension to the right hand of the Father (Mark 16:19), and His personal return in power and glory (Acts 1:11, Revelation 19:11).
4. *We believe* that for the salvation of the lost and sinful man, regeneration by the Holy Spirit is absolutely essential and that men are justified on the single ground of faith in the shed blood of Christ, and that only by God's grace and through faith alone are we saved (John 3:16-19, 5:24; Romans 3:23, 5:8-9; Ephesians 2:8-10; Titus 3:5).
5. *We believe* in the present ministry of the Holy Spirit by who's indwelling the Christian is enabled to live a godly life (Romans 8:13-14; 1 Corinthians 3:16, 6:19-20; Ephesians 4:30, 5:18).
6. *We believe* in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life, and they that are lost unto the resurrection of damnation (John 5:28-29).
7. *We believe* in the spiritual unity of believers in our Lord Jesus Christ (Romans 8:9, 1 Corinthians 12:12-13, Galatians 3:26-28).
8. *We believe* that God wonderfully creates each person as male or female. These two distinct, complementary genders together reflect the image and nature of God (Gen. 1:26-27) We believe gender identity is determined by biological sex and not by one's self-perception. (Ephesians 4:17-18)
9. *We believe* that the term "marriage" has only one meaning: the uniting of one natural-born man and one natural- born woman in a single, exclusive union, as delineated in Scripture (Gen. 2:18-25). We believe that God intends sexual intimacy to occur only between a man and a woman who are married to each other (I Cor. 6:18, 7:2-5; Heb. 13:4). We believe that God has commanded that no intimate sexual activity be engaged in outside of a marriage between a natural-born man and a natural-born woman.
10. *We believe* that any form of sexual immorality (including adultery, fornication, homosexual behavior, bisexual conduct, and use of pornography) is sinful and offensive to God (Matt. 15:18-20; I Cor. 6:9-10).
11. *We believe* that God offers redemption and restoration to all who confess and forsake their sin, seeking His mercy and forgiveness through Jesus Christ (Acts 3:19-21; Rom. 10:9-10; I Cor. 6:9-11).
12. *We believe* that every person must be afforded compassion, love, kindness, respect, and dignity (Mark 12:28-31; Luke 6:31). Hateful and harassing behavior or attitudes directed toward any individual are not in accord with Scripture nor the doctrines of Gilead Friends Church/Gilead Christian School.
13. *We believe* that all human life is a gift from God and is sacred and created by God in His image. Human life is of inestimable worth in all its dimensions, including pre-born babies, the aged, the physically or mentally challenged, and every other stage of condition from conception through natural death. We are therefore called to defend, protect, and value all human life (Ps. 139).

**Will you support Gilead Christian School as we uphold these statements of faith?**

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

Our Statement of Faith is not exhaustive of all our beliefs. The Bible, as the inspired and infallible Word of God, speaks with absolute authority regarding the proper conduct of mankind and is the unchanging foundation for all belief and behavior.

# EMERGENCY INFORMATION 2021-2022

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Email Address: \_\_\_\_\_

## PARENT / GUARDIAN EMERGENCY CONTACTS

If parents share custody, one parent cannot be eliminated from the contacts unless authorized by the court system.

Parent / Guardian Name (List in order to contact)	Relationship to Child	Contact Numbers	Employer & Work Phone Number
		Call 1 <sup>st</sup> Call 2 <sup>nd</sup>	
		Call 1 <sup>st</sup> Call 2 <sup>nd</sup>	

## ALTERNATE EMERGENCY CONTACTS

Full Name	Relationship to Child	Contact Numbers	Employer & Work Phone Number
		Call 1 <sup>st</sup> Call 2 <sup>nd</sup>	
		Call 1 <sup>st</sup> Call 2 <sup>nd</sup>	

## CHILD PICK-UP AUTHORIZATION

Please list all persons authorized to pick up your child from Gilead Christian Early Childhood Center

Name	Name
Name	Name
Name	Name
Name	Name

Name of Physician or Clinic:	Name of Dentist or Clinic:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:

**Does your child have any food, medication or environmental allergies?**

- No  
 Yes - check all that apply     Food     Medication     Environmental    Please list and explain:

Does your child's allergy/allergies require child care staff to monitor child for symptoms, take action if a reaction occurs, or give emergency medication to your child? (Check one)

- No  
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed (Forms available in Preschool office)

**Does your child have a special health or medical condition?**

- No  
 Yes    Please list and explain:

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (Check one)


- No  
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed (Forms available in Preschool office)

**Is your child using any medication, food supplement or medical food (ie. Electrolyte solution)?**

- No  
 Yes    Please list and explain:

If yes, does this medication, food supplement or medical food need to be administered at the child care center? (Check one)

- No  
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food (Forms available in Preschool office)

<b><u>GIVE Permission</u></b> to Transport	<b>OR</b>  <b>DO NOT SIGN BOTH</b>	<b><u>DO NOT Give Permission</u></b> to Transport
Gilead Christian School <b>HAS permission to secure</b> emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		Gilead Christian School <b>does NOT have permission to secure</b> emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:
Parent's Signature _____ Date _____		Parent's Signature _____ Date _____

**GILEAD CHRISTIAN EARLY CHILDHOOD CENTER  
(TODDLER, PRESCHOOL AND PRE-KINDERGARTEN ONLY)**

*Confidential Report*

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

Nervous habits: Does he/she have temper tantrums? \_\_\_\_\_ Frequent upset stomach? \_\_\_\_\_ Cry easily? \_\_\_\_\_

Suck thumb or fingers? \_\_\_\_\_ Bite nails? \_\_\_\_\_

How would you describe his/her characteristic behavior? Calm \_\_\_\_\_ Excitable \_\_\_\_\_ Easily upset \_\_\_\_\_ Whining \_\_\_\_\_ Happy \_\_\_\_\_  
Negative \_\_\_\_\_ Cooperative \_\_\_\_\_ Aggressive \_\_\_\_\_ Shy \_\_\_\_\_ Other: \_\_\_\_\_

How many playmates does he/she play with frequently? \_\_\_\_\_ Approx. ages of playmates: \_\_\_\_\_

Does he/she enjoy playing alone?  Yes  No

How does he/she relate to strangers? \_\_\_\_\_

What makes him/her upset or angry? \_\_\_\_\_

How does he/she show these feelings? \_\_\_\_\_

What do you find is the best way to handle him/her? \_\_\_\_\_

What kinds of discipline is usually used and by whom? \_\_\_\_\_

What are his/her favorite toys, TV shows, books? \_\_\_\_\_

Is he/she frightened of any of the following? Animals: \_\_\_\_\_ Rough children: \_\_\_\_\_ Loud noises: \_\_\_\_\_ Sirens: \_\_\_\_\_

Dark: \_\_\_\_\_ Storms: \_\_\_\_\_ Confined places: \_\_\_\_\_ Other: \_\_\_\_\_

Describe his/her special interests: \_\_\_\_\_

Any difficulties in speaking? \_\_\_\_\_ Other languages spoken at home: \_\_\_\_\_

List the names and ages of any brothers/sisters living in the home: \_\_\_\_\_

Does he/she take naps? \_\_\_\_\_ From when \_\_\_\_\_ to when \_\_\_\_\_

Does he/she tire easily? \_\_\_\_\_ Under what conditions: \_\_\_\_\_

In what ways do you think we might be able to help him/her? \_\_\_\_\_

***Toilet Habits***

Is he/she toilet trained for urine? \_\_\_\_\_ For bowels? \_\_\_\_\_

If so, at approximately what age did he/she become trained? \_\_\_\_\_

What word is used for urination? \_\_\_\_\_ For bowel movement? \_\_\_\_\_

How frequently do accidents occur? \_\_\_\_\_

How does he/she react to them? \_\_\_\_\_

Does he/she need help with toileting? \_\_\_\_\_

Do you have any particular concerns about his/her toilet habits? \_\_\_\_\_

## BASIC INFANT INFORMATION

**This information should be completed by the parents prior to the child's first day at the center.  
This information should be updated periodically as the infant's needs change.**

Child's Name	Date of Birth	Siblings
Please check days that your child will be here: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		Will your child be: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time
What are you feeding your infant? (Check all that apply) <input type="checkbox"/> Liquid foods (Formula Brand) <input type="checkbox"/> Baby Food <input type="checkbox"/> Graduate Meal <input type="checkbox"/> Breast Milk <input type="checkbox"/> Table food		
Amount of Feedings	Frequency of Feedings <input type="checkbox"/> 2 hr. <input type="checkbox"/> 3 hr. <input type="checkbox"/> 4 hr.	
My infant likes a bottle warmed: (Check one) <input type="checkbox"/> Room Temp. <input type="checkbox"/> Warm <input type="checkbox"/> Very Warm – NOT HOT		
Juice (Type, Amount, When?)		
Does child use a cup yet? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Solid Foods (Baby Food, Brand, Types, Amounts, Frequency)		
Are foods served room temperature or warmed?		
Table Foods (Types, Amounts, Frequency, Special Instructions)		
Saltine crackers, graham sticks, cheerios, cheese are provided as snacks. If you prefer another kind of snack for your child, please provide it.		
Nap Schedule		
Approximate time and how long?		
How do you get baby to sleep?		
Sleeping Position <input type="checkbox"/> Back <input type="checkbox"/> Side* <input type="checkbox"/> Tummy*		*You must secure a sleep position waiver from your child's physician if your baby is to sleep on their tummy or side. Please contact the administrator for this form
Allergies		
Special Precautions		
Security Items (Pacifier, Blankies, Etc.)		
Does your child have favorite toys, TV shows, books?		
Is your child frightened by any of the following? <input type="checkbox"/> Rough Children <input type="checkbox"/> Loud Noises <input type="checkbox"/> Sirens <input type="checkbox"/> Dark, Storms <input type="checkbox"/> Confined Places <input type="checkbox"/> Other – Please list		
Any additional information about your child that would be helpful or you would like staff to know.		
Parent Signature		Date
Date Form Last Updated		



# GILEAD CHRISTIAN EARLY CHILDHOOD CENTER

## DISCIPLINE POLICY

Gilead Christian School's statement of purpose states that our school exists to "assist parents in fulfilling their divine responsibility to train thoroughly each child to obey God in every area of life." It is our desire to work with our children and parents to find the best possible solution to any behavior problem. Communication is key to success in a home-daycare relationship. Injury reports come home any time your child has caused injury to another child. Please feel free to speak to your child's teacher, the director or the administrator concerning any issues of this nature. If we are unable to determine the best possible solution together, we can possibly head you in the right direction or find a pertinent resource for you.

It is not our desire to cause a child to be dismissed from our program and our staff will try all reasonable and acceptable methods to avoid this action. However, the safety of the children in our care must be our utmost priority. With this in mind, the following behavior and discipline policy has been developed to assist us in maintaining an environment that best allows us to fulfill that purpose.

If a child commits a purposeful and aggressive act that either had the potential to hurt another child or did hurt another child, or if the child's behavior is such that it makes it difficult for the staff to give appropriate care to the other children three times within a given day, that child's parents will be called and asked to remove their child from the center for the remainder of the day. If the child commits a single act that is deemed serious enough by the director or administrator, he may be dismissed for the day on the basis of the single act. This action is taken at the discretion of the director or administrator. The child will remain in time out until the parents are able to pick up the child. A dismissal form must be signed by the parent prior to the child returning the next day. If the child is required to leave the center three times in a consecutive 30 school day period, that child may be dismissed from the center for a minimum of 30 school days. If the parents desire, the child will be added to the end of any existing waiting list as early as their date of dismissal, and will be readmitted to the center only when an opening occurs in that manner. All reapplication fees will apply. If, upon re-admittance, the child has to be removed for the day, based on policy above, the child will be dismissed from the center permanently.

If you have any question regarding this policy please call Yvonne Kinsella at 419-946-5990.

Yvonne Kinsella  
Early Childhood Administrator

Bryan Potteiger  
Gilead Christian School Administrator

I have read and understand the above stated policy.

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

\_\_\_\_\_  
Date

# GILEAD CHRISTIAN EARLY CHILDHOOD ENROLLMENT

## *Check List*

Now that you have completed the necessary forms for enrollment, please take a moment and check over the list below to make sure you have everything complete and ready to be turned into the office. We have a three day waiting period after all forms are turned into our office before your child may start preschool. We do this to enable adequate time for your application to be processed.

### **Parents**

### **Office**

- |  |       |
|--|-------|
| _____ Enrollment Form  | _____ |
| _____ Family Information   | _____ |
| _____ Child Information  | _____ |
| _____ COVID Waiver   | _____ |
| _____ Statement of Parent Support  | _____ |
| _____ Emergency Medical Form   | _____ |
| _____ Early Childhood Center Confidential Report or Basic Infant Information Sheet | _____ |
| _____ Discipline Policy  | _____ |
| _____ Child Medical Statement  | _____ |
| _____ Copy of Child's Birth Certificate  | _____ |
| _____ Registration fee of \$50 (\$35 for 2nd child) sent in with enrollment forms  | _____ |
| _____ Custody papers if applicable   | _____ |

\* All forms have been completed and your child may start preschool on \_\_\_\_\_.

### ***Parent Talent Search***

During the school year, we have needs for talented parents, grandparents or guardians to share their skills, talents or hobbies with our preschoolers. Please list below your occupation and any other information that would benefit us as we plan special chapels, events or art projects. Thank you!

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Special Talents: \_\_\_\_\_

Special Hobbies: \_\_\_\_\_

Special Skills: \_\_\_\_\_