

**Enrollment Checklist**

❏ Identification & Emergency Information

❏ Physician’s Report

❏ Health History

❏ Parent’s Rights

❏ Personal Rights

❏ Authorization to Consent to Medical Treatment

❏ Application for Enrollment

❏ Financial Information and Admission Agreement

❏ Parent Volunteer Form



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**Application for Enrollment 2024-2025**

Early Registration Fee $150.00 (application submitted before March 15th, 2024)

Registration Fee $175.00 (application submitted after March 15th, 2024)

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First Middle Last**

**Date of Birth: \_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Church Attended by Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Telephone: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_**

**Home Office/Work Cell**

**Fathers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First Middle Last**

**Father’s Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First Middle Last**

**Mother’s Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name & e Ages of Siblings:**

**Name Age**

**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home circumstances of which staff should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**MISSION**

*Grace Academy Christian Preschool: Mission with a Purpose to*

*Educate, Respect and Value Each Individual Child*

It is our goal that all children have a sense of acceptance, significance, and well-being during their stay with us. We here at Grace Academy Christian Preschool believe that children respond and navigate best in their own age-appropriate environment. Young children learn through intellectual challenges, positive self-esteem, and integrative peer play. Our objective is to provide your child with the resources he or she will need to have a successful preschool experience, to feel loved, respected, secure, and gain self-confidence.

**Financial and Admission Agreement Policies for Grace Academy Christian Preschool 2024-2025**

* **Tuition**
* The registration fee is non-refundable.
* Tuition is due by the 15th of each month and is considered overdue on the 16th. A late fee of $30.00 is charged after the 16th of each month. If payments are over one month due, your child will be dismissed from the program and collections will ensue.
* There is a $25.00 fee charged for returned checks.
* Refunds are not given due to illnesses, vacations, holidays, or in-service days.
* If starting in the middle of the month, a prorated charge will apply.
* Sibling discount is $25 off.

Please be advised that Grace Academy Christian Preschool reserves the right to increase or decrease monthly tuition rates upon a 30 day written notice of change- including rate change, increase or decrease, late fees or extended care fees.

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* **­­­­­­­­­­­­­­­­­­­­­­­­Classes Offered**
* **2–3-year-old class:** *students must be potty trained* and at least 2.3-3.6 years to attend. Some children enrolling at a younger age will repeat the 2–3-year-old class to qualify for the 3–4-year-old class the following year.

3 days a week attendance, Tuesday, Wednesday, Thursday.

* **3–4-year-old class:** (3.7- 4 years old before august 31st)

5 days a week attendance

* **Transitional Kindergarten Program (TK):** must be 4 by September 1st to attend.

5 days a week attendance

* **Preschool Tuition Rates:**
* 3-Day Half (8:40 am -12:30 pm)--------------------------------$400.00 per month
* 3-Day Full (8:40 am – 3:00 pm)---------------------------------$520.00 per month
* 5-Day Half (8:40 am -12:30 pm)--------------------------------$525.00 per month
* 5-Day Full (8:40 am – 3:00 pm)---------------------------------$750.00 per month
* **Extracurricular Classes**
* S.T.E.M program: 1:00 pm – 1:30 pm (2/days a week) $100 per month
* **Optional Extended Care Packages**
* Drop off from 7:30 am to 8:40 am: $7 per half or full hour
* $25 flat rate fee er day applies for pick up after class end time

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**Agreement Policy and Guidelines for 2024-2025**

I understand that the Admission Agreement Policy states that all children entering the facility must be ambulatory and able to enter and exit the facility without any assistance.

**Initials\_\_\_\_\_\_\_\_\_\_\_**

I understand that my child must be toilet trained to attend Grace Academy Christian Preschool.

**Initials\_\_\_\_\_\_\_\_\_\_\_**

I commit to escorting my child(ren) to the class and hand them over to the teacher or assistant.

**Initials\_\_\_\_\_\_\_\_\_\_\_\_**

I understand that I must sign in and out with my legal name when I drop off/pick up my child from school.

**Initials\_\_\_\_\_\_\_\_\_\_\_**

I understand that the school will only release my child to authorized individuals listed on the “Emergency Form” by presenting their IDs. I understand that oral authorization is not acceptable.

**Initials\_\_\_\_\_\_\_\_\_\_**

I understand that Grace Academy is a Christian preschool and implies a Christ-centered curriculum, and I will not try to change its curriculum to fit my personal beliefs.

**Initials\_\_\_\_\_\_\_\_\_\_**

In the event of any harm or injury to my child (ren), I hereby release Grace Academy Christian Preschool and Holy Apostolic Catholic Assyrian Church of East, its officers, employees, agents, leaders, and members of the school/elder Board from all claims and causes of action by reason of harm or injury which may be sustained before, during regular, or after school activities or as a result of play, disobedience to school rules, off-campus trips; whether on the church/school property, at the activity location, or transportation to or from these activities.

**Initials\_\_\_\_\_\_\_\_\_\_\_**

In the event of a major disaster (EARTHQUAKE, FIRE, ETC), I AUTHORIZE Grace Academy Christian Preschool to use its discretion in evacuation procedures and other care as it relates to my child.

**Initials\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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I understand that every student is required by the California State Department of Health to have his/her immunization record on file in the school office. Student exemptions will be excluded from school in the event of an outbreak of any of the non-immunized diseases. The school participates in and views the online Immunization Registry. For more information, contact Stanislaus County Health Services at 209-558-4816.

**Initials \_\_\_\_\_\_\_\_\_\_**

I understand that The State of California has the authority to interview children or staff of adult and childcare centers without prior consent. Records can be removed, if necessary, for copying. Grace Academy will ensure that provisions are made for examination of all records relating to the operation of the pre-school.

**Initials \_\_\_\_\_\_\_\_\_\_**

I understand that The State of California has the authority to observe conditions of the child (children) including conditions that could indicate abuse, neglect, or inappropriate placement.

**Initials \_\_\_\_\_\_\_\_\_\_**

I understand that all incidents that indicate abuse, neglect or any other threat of harm or emotional disturbance to a child, must be reported to The State of California Licensing Board.

**Initials \_\_\_\_\_\_\_\_\_\_**

I understand that the staff of GACP may obtain emergency care if parents or guardians cannot be reached. Parents or legal guardians agree to pay all such costs.

**Initials \_\_\_\_\_\_\_\_\_\_**

I understand that if medicine is to be administered to my child, I must fill out and sign a “medicine consent form”. I also understand that medicine must be in the original container and the exact dosage listed as well as the hours between dosages and the last time the medicine was dispensed on the “medicine consent form”. We accept children who use additional medical devices of inhalers or epi-pens. No additional injection devices are approved. Injection accommodations would pose an undue hardship on Grace Academy staff and fundamentally alter the nature of the program.

**Initials \_\_\_\_\_\_\_\_\_\_**

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I commit to notify the school of any positive Covid-19 cases in my household and follow the CDC guidelines.

**Initials \_\_\_\_\_\_\_\_\_\_**

I commit to consider the public's health and keep my child home and have a plan of back up childcare if my child was in close contact with a positive COVID case or exhibits COVID symptoms/ tests positive. **Initials \_\_\_\_\_\_\_\_\_\_**

I understand that staff and teachers will continue educating my child remotely in the case of an emergency school closure due to Covid or any other pandemics. I understand that I am financially responsible for the tuition for the period/s that my child is on remote learning.

**Initials \_\_\_\_\_\_\_\_\_\_**

**POLICY AGREEMENT –**

**As the parent/guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I have read the above Policy and Guidelines. I understand their contents and hereby agree to these terms and conditions.**

**Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Health Policy**

Children may only attend if they are well. Parents or guardians will be called to take a sick child home. Your child should not come to school with any of the following symptoms:

**✓** A cold that is more than 3 days old.

**✓** A sore throat or earache

**✓** A fever of 100.2

**✓** Diarrhea or vomiting

**Reason for Termination**

Each of the incidents listed below will be discussed between parent and staff to resolve each matter. Harmful incidents would include:

**✓** hitting

**✓** biting

**✓** scratching

**✓** kicking

**✓** spitting

If the child is harmful to him or others and after 3 attempts to resolve the matter with the parents and the staff have failed, termination from the program is necessary.

**Withdrawal Policy-**If you plan to withdraw your child from the program, the office must receive a letter two weeks prior to the withdrawal date. There is no reimbursement and full tuition is due upon leaving.

I have read and agree to the above policies and am responsible for any and all policies for my child according to the above contract.

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**Parent/Legal Guardian Name Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Parent Code of Conduct**

I understand that I am my child’s best example in conduct, reverence, respectability and responsibility.

I understand that Grace Academy Christian Preschool is dedicated in showing support to my child and his/her family.

*In order to show my cooperation, thankfulness and support:*

*1. I will set a good example in my own speech and behavior.*

*2. I will always show respect for the teacher and any other adult in authority in front of my child regardless of what I may think of their actions or say to them in private.*

*3. I will stop rumors. I will go through the proper channels when I have a problem.*

*4. I will speak respectfully and with kindness and courtesy to other parents in front of students, especially when there is any disagreement.*

*5. I will follow the school’s rules, calendars, and deadlines even when I may disagree.*

*6. I will supervise my child at drop off and pick up time.*

*7. I will supervise my child even when I am socializing outside after pick-up time.*

I will abide by this code of conduct while my child is enrolled in Grace Academy Christian Preschool. Also, I will abide by this code of conduct if my child is excused or no longer is attending Grace Academy Christian Preschool and there is a concurring issue that may need to be resolved.

A Parent Code of Conduct was developed by Grace Academy Christian Preschool to uphold our endeavor to provide a safe, loving and respectful atmosphere for all children, staff and parents. Please review this code of conduct with anyone who may be caring for your child. It is also important for your child to understand the importance of respect and care for all.

**I have read the Grace Academy Christian Preschool Application for Enrollment, Admissions Packet, and Parent Code of Conduct. I understand and will adhere to my responsibilities and financial obligations regarding all contained in this agreement.**

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**Parent/Legal Guardian Name Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Photo Release Form**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent or legal guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GRANT DO NOT GRANT**

Grace Academy Christian Preschool my permission to use the photographs of my child for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

**Parent/Guardian’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Parent Volunteers**

We appreciate our parent volunteers at Grace Academy Christian Preschool. Our parent volunteers help to develop the enrichment of our educational program. We are always in need of help in the following areas:

● Driving on field trips

● Volunteer in classrooms (must have current immunizations plus TB)

● Repairing toys and equipment

● Guest speaker for the classroom (dentist, fireman, veterinarian, etc.)

Event help is huge. If you would be interested in being on Grace Academy Christian Preschool Events’ Team;

*GAPP – Grace Academy Parent Participation, please ✓ the boxes below*

● I want to be on the GAPP committee for planning events with special interest in –

* Would like to be the chair / co-chair for any area
* Decorations
* Asking Business for raffle and silent auction donations
* Clean up
* Music arrangement for the show
* Food donations
* Program ads
* Videographer and/or Photographer of event

**My child’s name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and they are enrolled in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(teacher)**

**Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

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