

# GCC Early Childhood Ed Center

## Application / Block Schedule

After completing these forms please mail to: GCC ECEC 1400 Tanyard Rd Sewell NJ 08080

Please complete one set of forms for each child.

**Semester** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Child's Full Name:** \_\_\_\_\_ **Child's Birth Date** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Parents' / Guardian' Name:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

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

**Email Address:** \_\_\_\_\_

Reminder: ECEC will be closed for several weeks in August each year.  
Childcare for the month of July will depend on enrollment.

Period	Fee	Monday	Tuesday	Wednesday	Thursday	Friday
Half Day 7:30-12:00	\$25.00					
Full Day 7:30 – 5:00	\$31.00					
Registration Fee	\$30.00					

**If you are a GCC student, please attach a copy of your class schedule that includes room numbers and times.**

This Block Schedule is your contract with the Gloucester County College Childcare Center and guarantees that your child will have the days and times indicated for you to attend classes and/or work for the semester that your child is enrolled. **Please understand that your child's tuition is based on the number of semester weeks and the days and times requested. No monies are refunded for vacation or sick days. No Make up Days are available for days that are missed.** When the college is officially closed you are not obligated to pay for that day. All teachers in the ECEC are committed to providing your child with the finest preschool experience, value consistent attendance and support learning!

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ECEC Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

**Parents'/Guardians' Employment Information**

Parents'/Guardians' Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name and Address of Employer \_\_\_\_\_  
Employer's Phone Number \_\_\_\_\_

Parents'/Guardians' Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name and Address of Employer \_\_\_\_\_  
Employer's Phone Number \_\_\_\_\_

**Custody Information/ Authorization for Pickup**

Are parents living together? \_\_\_\_\_ Separated? \_\_\_\_\_ Divorced? \_\_\_\_\_

**If separated or divorced, who has custody of the children?** \_\_\_\_\_  
**Copies of court documents required.**

If I, as a parent/guardian, cannot be reached in case of emergency, I give permission for the following people to be contacted by the ECEC staff and for one of these people to pick up my child from the center:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Emergency Care Information**

In the event that I, the parent/guardian, cannot be reached to make arrangements for emergency medical attention at the time of an illness or accident, I hereby authorize the GCC Early Childhood Education center to take my child(ren) to Underwood Memorial Hospital in Woodbury or Kennedy Memorial Hospital in Washington Township (please circle preference). CHECK ONE: YES \_\_\_\_\_ NO \_\_\_\_\_

**Does your child have any allergies?** Yes \_\_\_\_\_ No \_\_\_\_\_ List: \_\_\_\_\_

Please provide information regarding your Health Insurance Company:

Name: \_\_\_\_\_ Policy/ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

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

Has your child had any serious illness? \_\_\_\_\_ List: \_\_\_\_\_

In the event of an emergency, the Administrator of the ECEC or ECEC staff will notify you or the College Security will summon you from class.

In case of an emergency evacuation I hereby give GCC ECEC permission to move my child to a safe designated area on the college campus. YES \_\_\_\_\_

**Photo / Field Trip Permission**

I give permission for my child to go on supervised walking trips on GCC Campus. YES \_\_\_ NO \_\_\_

For advertising and journaling purposes,  
I give permission for my child to be photographed. YES \_\_\_ NO \_\_\_