

About Us

Level Grove School is a ministry of Level Grove Baptist Church.

Our vision is to provide young children in our community with a loving, Christ-centered environment where they may grow, develop, learn, and be equipped for future education. God has created each child with differing physical, mental, social, and emotional needs. As a Christian preschool we are here to help your child develop in each of these areas with a caring, well-educated staff. The teachers provide planned activities that seek to meet all these needs within a Christian environment.

The program operates Monday-Thursday; however, classes vary according to the child's age. Classes are available for children ages 12 months to pre-kindergarten. (Please see "Preschool" tab for more information on class times and descriptions.)

Programs

Music – children participate in singing and motion.

Arts/Crafts – introduction to color and usage as well as developing fine-motor skills in crafts.

Outdoor Play/Activities – outdoor play equipment (weather permitting) or indoor activities to encourage health and well-being.

Wee Church – once a month whole-group worship time.

Bible – daily part of curriculum with Scripture memorization.

Academics – age-appropriate academic activities. We use both Jesus Loves Me and ABEKA Curricula.

Snack Time – daily snacks.



Our Staff

Little Farmers (Babies) – Leah Perry (lead teacher); Michelle Garrett (assistant)

Little Explorers (2's 2day) – Lauren Dodd (lead teacher); Caitlyn Carson (assistant)

Friendly Frogs (2's 3day) – Jenna Medders (lead teacher)

Happy Campers (3's 3day) – Carly Gerrard (lead teacher); Lillie Keane (assistant)

Hungry Caterpillars (3's 4day) – Rebekah Russo (lead teacher); Brittany Fowler (assistant)

Mrs. Stephanie's Pack (4's 4day) – Stephanie Stancil (lead teacher); Taylor Watkins (assistant)

Mighty Dolphins (4's 4day) – Gaye Galloway (lead teacher); Olivia Armour (assistant)

Little Critters (4's 4day) – Cathy Nelson (lead teacher); Mary Colston (assistant)



Healthy and Safety

We are very careful to do what we can to keep down the spread of germs. We ask that you do the same by not sending your child to school if you know they are sick. If your child has any of the following symptoms, we kindly ask that you keep them at home.

- Constant cough, runny nose or sneezing (other than allergies)
- Pink eye
- Nausea/vomiting
- Diarrhea associated with a virus
- Fever (children should be fever free for 24 hours before returning to school)
- Swollen glands

If a sick child appears sick or presents symptoms while at school, he/she will be isolated and the parents will be contacted to make arrangement for pick-up.

In cases of reportable contagious illness, parents will be notified and made aware of symptoms to check.

Your child's immunizations must be up-to-date before they can start preschool.

If a child experiences a minor injury while at school, first-aid will be administered. The child's teacher will inform the parent of the injury at the end of the school day. Should a major injury occur, the parent or other emergency contact will be notified immediately. Emergency 911 will be contacted if needed.

Food Allergy Policy: WE ARE NOT A NUT FREE SCHOOL

The school cannot guarantee a completely safe environment. The school will post information about the allergy in each classroom involved. Requests will be made that the food allergen not be brought in for snack or learning activity. Additionally, we will request all children in the involved room wash their hands after they eat snack.

Parents should provide documentation from a medical professional regarding the specific allergen(s) that affect their child, and provide the antidote for anaphylactic reactions, including EpiPens or Benadryl depending on the treatment prescribed by his/her physician along with written instructions and permission for administration.

Child Abuse: If we suspect there is any kind of child abuse committed on a child in our care, or if the director perceives that anything questionable is present as far as abuse or neglect, the Police Department and Child Protective Services will be contacted IMMEDIATELY.

Security: The doors of the church as well as the doors of the preschool area will remain locked during school hours. If you need to come into the school you may be admitted through the main church doors or you may use the doorbell outside the preschool area.

The school's policies and procedures for emergency evacuations are posted in each room, and drills are conducted throughout the school year.



Admission/Fees

Level Grove School operates on a fixed-rate tuition. All fees and tuition paid are non-refundable.

Level Grove School runs a 10 month school year (August – May). We follow the Habersham County School System calendar.

\$75.00 Enrollment Fee due with the student application

\$25.00 Supply Fee due in January

Two-day a week program: \$125.00 per month

Three-day a week program: \$155.00 per month

Four-day a week program: \$185.00 per month

Classes

Children must be the appropriate age by September 1st to enter classes for the upcoming school year.

Babies: 12-24 months

Two year-old (2-day/week): 2 by September 1st

Two year old (3-day/week): 2 by September 1st

Three year-old (3-day/week): 3 by September 1st

Three year-old (4-day/week): 3 by September 1st

Pre-Kindergarten (4-day/week): 4 by September 1st



2020-2021



LEVEL GROVE SCHOOL
APPLICATION FOR ADMISSION
PRESCHOOL

LEVEL GROVE SCHOOL
157 OLD LEVEL GROVE ROAD
CORNELIA, GA 30531
706-778-6371
706-894-1803 (FAX)
LEVELGROVESCHOOL@GMAIL.COM
WWW.LEVELGROVESCHOOL.COM

Personal/Emergency Information

Child's Name: _____ Sex: __M__F

Child's Preferred Name (if different): _____

Child's Birth Date: _____

Home Address: _____

STREET ADDRESS

CITY

STATE

ZIP

Home Phone #: _____

Father's Name: _____ Occupation: _____

Work Phone #: _____ Cell #: _____

Email Address: _____

Mother's Name: _____ Occupation: _____

Work Phone #: _____ Cell #: _____

Email Address: _____

Parent Status () Married () Divorced () Separated

Who has legal custody? _____

A copy of proper legal documentation will need to be provided to the school.

If legal guardian, list name, address, phone number if other than above:

In case of emergency (and parents cannot be reached), please call:

Name: _____ Phone #: _____

Church Membership/Affiliation: _____

Please list the individual responsible for paying tuition and the best email address to use for receiving tuition invoices.

Name: _____

Phone Number: _____

Email Address: _____

If multiple parties will be responsible for paying tuition, please list all people involved and a brief explanation of the payment plan.

Pick-up Information

The following people are authorized to pick up my child:

1. Name: _____ **Relation** _____ **Phone #** _____

2. Name: _____ **Relation** _____ **Phone #** _____

3. Name: _____ **Relation** _____ **Phone #** _____

People who may not pick up my child:

1. Name: _____ **Relation:** _____

2. Name: _____ **Relation:** _____

Note: Any person unfamiliar to us will be required to show proof of identification.

Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

Medical Information

Doctor's Name: _____ Phone # _____

Your child must be up-to-date on immunizations and their immunization record must be on file with the school. You can get this at the health department or your child's doctor.

Date of last checkup: ____/____/____

Is your child on any type of medication? () Yes () No

If yes, what? _____

Any special medical conditions, including chronic health problems or allergies: (Please list all food allergies.)

Any special medications and/or restrictions: _____

Does your child have any speech, hearing, or visual problems? If so, briefly explain:

Has your child had any of the following common childhood illnesses?

| | | |
|---|---|--|
| Chicken Pox () Yes () No | Measles () Yes () No | Whooping Cough () Yes () No |
| German Measles () Yes () No | Mumps () Yes () No | Rubella () Yes () No |
| Scarlet Fever () Yes () No | German Measles () Yes () No | Rheumatic Fever () Yes () No |

Is your child prone to any of the following?

| | | |
|---|------------------------------------|--|
| Ear Infections () Yes () No | Headaches () Yes () No | Sore Throat () Yes () No |
| Stomach Upsets () Yes () No | Colds () Yes () No | Heart Disease () Yes () No |
| Diabetes () Yes () No | URI () Yes () No | Other: () Yes () No |

Emergency Parental Consent

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness, accident, or injury, I give permission to Level Grove School to obtain whatever treatment deemed necessary. I understand this may include transport to the hospital.

Child's Name (please print)

Parent/Guardian Name

Date

Parent/Guardian Signature

Date

Hospital Insurance: _____ yes _____ no

Insurance Co: _____

Policy Number: _____

Participant's Signature: _____

Date: _____



Train up a child in the way he should go, even when he is old he will not depart from it.

Proverbs 22:6

Photo Permission Slip

From time to time, we take pictures during school activities. We would like your permission to use these pictures on our website, in the school newsletter, on bulletin boards, and/or on our Facebook page. Pictures would be selected to highlight activities from the school day. We will not provide any specific information regarding your child.

Please take a moment to let us know your preferences regarding our use of photos of your child:

_____ YES. I grant permission to use photos of my child on Level Grove School's website, bulletin boards, newsletters, and/or Facebook page.

-OR-

_____ NO. Please do NOT use any photos of my child.

Child's Name (PLEASE PRINT)

Parent/Guardian's Name (PLEASE PRINT)

Parent/Guardian's Signature

Date: _____

Level Grove Baptist Church, Cornelia, Georgia
Level Grove School
2019/2020 Liability Release Form

In consideration for being accepted by Level Grove Baptist Church for participation in the Level Grove School program, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Level Grove Baptist Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness and death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the Level Grove School program. Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and program activities involved therein.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and agents, from any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said program, and thereby give our (my) permission to take said participant to a doctor or hospital in the case of an emergency if we (I) cannot be reached and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Child's Name (please print)

We (I) have read, understood, and agree to the above liability release statement for the Level Grove School program at Level Grove Baptist Church and we (I) agree to adhere to its policies and procedures.

Father's Signature

Date

Mother's Signature

Date

Legal Guardian's Signature

Date

Registration Information

Child's Name: _____

Child's Date of Birth: _____

Age of Child on September 1, 2020 _____

Program You Are Applying for:

Babies/Toddlers: _____

2 Year Olds (2 days a week): _____

2 Year Olds (3 days a week): _____

3 Year Olds (3 days a week): _____

3 Year Olds (4 days a week): _____

All students entering the 3 year old program must be 3 by September 1st and potty trained.

Pre-K: _____

All students entering the Pre-K program must be 4 by September 1st

A non-refundable registration fee of \$75 is due with application. A current shot record will need to be on file before school starts.

Office Use

_____ **Enrollment Fee**

_____ **Copy of Birth Certificate**

_____ **Immunization**