



Great Lakes Academy

6000 Custer Road, Building # 7 * Plano, Texas 75023

Phone: 972-517-7498 * Fax: 972-517-0133 * www.greatlakesacademy.com

Where Individuality and Differences are Celebrated!

Enrollment Form

Sign Up Date _____ **Visiting Dates:** _____

Child's First Name _____ **Middle Name** _____ **Last Name** _____

Child's SS # _____ - _____ - _____ **Date of Birth** _____ **Child's Age** _____

Child's Sex _____ **Grade level at signup date** _____ **Race/Ethnicity** _____

Child's Cell # _____ **Child's Email** _____

Child's Residence

Parent/Guardian First Name _____ **Middle Name** _____ **Last Name** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone _____ **Place of Employment** _____

Business Phone _____ **Occupation** _____ **Social Security #** _____ - _____ - _____

Cell # _____ **Fax#** _____ **Email** _____

Parent/Guardian First Name _____ **Middle Name** _____ **Last Name** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone _____ **Place of Employment** _____

Business Phone _____ **Occupation** _____ **Social Security #** _____ - _____ - _____

Cell # _____ **Fax#** _____ **Email** _____

I give *Great Lakes Academy* permission to release my phone number/address to other GLA parents yes no

Educational & Evaluation Information:

Date Tested _____ **Tested by :** _____

Diagnosis/conditions: _____

In case of an emergency, please notify:

Name _____

Address _____ **Business Phone** _____

Relationship to family _____ **Cell Number** _____

Signature: _____ **Date** _____

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Parent/Physician Request For Administration Of Medication By School Personnel

Includes "Over the counter" and/or "Prescription" medications.

PARENTS MUST PERSONALLY GIVE MEDICATIONS TO TEACHER/STAFF!

Requests for the administration of medications by school personnel are made as follows:

1. A request form is to be completed for **all** medications (**over-the-counter and prescription medications**).
2. A written request from a student's physician will be required when non-prescription medication must be given longer than 10 consecutive days.
3. Medication must be in the original, properly labeled container accompanied by this completed form (*Texas Education Code 21:914*). Please request the pharmacist to dispense two labeled bottles of medication (one for home and one for school).
4. All medication is distributed in the classroom by the student's teacher **or** in the clinic by office staff.
5. Please check "yes" or "no" if you give your permission for your child to take home his/her medication upon completion of the prescription. yes no

I/We the undersigned give my/our permission for the staff of Great Lakes Academy to administer the medications listed on this sheet (both over the counter and/or prescription) to my/our child _____

Student's Name

Conditions for which medication may be required:

Headaches Fever Pain Other (Please list) _____

ADD ADHD Aspergers Syndrome Bipolar Asthma Depression

PLEASE LIST ANY AND ALL MEDICATIONS YOU GIVE GLA PERMISSION TO ADMINISTER TO YOUR CHILD:

Medication _____ Dosage _____
(name and mg) (# of tablets or tsp)

Date to be administered _____ Time _____

Medication _____ Dosage _____
(name and mg) (# of tablets or tsp)

Date to be administered _____ Time _____

Medication _____ Dosage _____
(name and mg) (# of tablets or tsp)

Date to be administered _____ Time _____

Medication _____ Dosage _____
(name and mg) (# of tablets or tsp)

Date to be administered _____ Time _____

Possible Precautions/side effects of medication for your child:

Physician's Name _____ Phone _____

Physician's Address _____

Parent's Signature: _____

Date: _____

Day Phone: _____

PARENTS ARE RESPONSIBLE FOR NOTIFYING GLA IN WRITING OF ANY MEDICATION CHANGES. THIS PERMISSION SHALL REMAIN IN EFFECT UNTIL OTHERWISE NOTIFIED BY PARENT.



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Emergency Information * Food & Allergy Reactions

Child's Name _____

Family Physician's Name _____ Phone _____

Family Physician's Address _____

Secondary Physician's Name _____ Phone _____

Secondary Physician's Address: _____

Dentist's Name _____ Phone _____

Dentist's Address _____

PLEASE CHECK IF APPROPRIATE:

- | | | |
|---|---|---|
| <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Learning Differences |
| <input type="checkbox"/> Kidney Condition | <input type="checkbox"/> Diabetes | <input type="checkbox"/> ADD |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Muscular/Orthopedic Disorder | <input type="checkbox"/> Serious Accident | <input type="checkbox"/> Aspergers Syndrome |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Other _____ |

If "yes" to any of the above, or others, please explain in detail _____

Is your child allergic to any foods (If yes, please describe)? _____

Is your child allergic to insects or other objects (If yes, please describe)? _____

Recommended Treatments _____

PLEASE LIST BELOW ALL (STUDENT) MEDICATIONS TAKEN AT HOME ON A REGULAR BASIS. (Mandatory)

Medication _____ Dosage _____ Time _____

Medication _____ Dosage _____ Time _____

Medication _____ Dosage _____ Time _____

Medication _____ Dosage _____ Time _____

Parent's Signature _____ **Date** _____

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Student Pick Up

My child, _____ Grade _____
Name of Child

may be picked up from GLA by :

Name of person, transportation system, or day care Phone Number

Name of person, transportation system, or day care Phone Number

Parent's Signature Date

General Waiver

My signature below verifies that I/we _____
Name of Parent/Legal Guardian

is/are the legal guardian/s of, _____
Name of Student

and that as such is under my/our control and in my/our custody. I desire my/our child to participate in any and all activities and/or go on any and all field trips, along with the staff, students and volunteers of Great Lakes Academy, during the school year and or summer camps. In consideration of said child being permitted to make such trips or take part in such activities and the instruction my/our child will receive by reason thereof, I hereby release Great Lakes Academy, the directors, teachers, and employees, together with any volunteer carrier of such child without compensation, from any and all liability and responsibility in connection with such trips and activities, and hereby release all of said parties from all liability by reason of any accident or injury suffered by said child while on said trips or engaged in such activities.

Parent's / Guardian Signature Date

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MEDICAL CENTER OF PLANO
3901 w. 15TH Street
Plano, Texas 75075

I request that in my absence _____ be admitted to Medical Center of Plano for diagnosis and treatment.

I request and authorize physicians, dentist and staff of Medical Center of Plano to perform any diagnostic procedures, treatment procedures and x-ray treatments and anesthetics as may be necessary in the diagnosis and treatment of the above minor.

I have not been given a guarantee as to the results of examination or treatment. I authorize Medical Center of Plano to dispose of any specimen or tissue taken from named person.

DATE OF CHILD'S BIRTH _____

ALLERGIES OF CHILD _____

HISTORY OR PERTINENT ILLNESSES _____

DATE OF LAST TETANUS BOOSTER _____

FAMILY PHYSICIAN _____

NEXT OF KIN TO NOTIFY _____

PHONE NUMBER _____

CLOSE FRIEND _____

PHONE NUMBER _____

GUARANTOR'S INSURANCE COMPANY _____

CARRIER (EMPLOYER) _____

CONTRACT NUMBER _____

BILLING ADDRESS _____

(If different from home address)

City

State

Zip Code

HOME ADDRESS _____

City

State

Zip Code

HOME PHONE NUMBER _____

Signature of Parent

NOTARY _____

Name

Relationship to Parent

Street Address

City

Texas

Zip Code

Documenting History of Illness: Varicella (Chickenpox)

This form summarizes the "Exceptions to Immunization Requirement (Verification of Immunity/History of Illness)" incorporated in Title 25 Health Services §97.65 of the Texas Administrative Code (TAC).

§97.65 of the TAC states, "A parent or physician validated history of varicella disease (chickenpox) or varicella immunity is acceptable in lieu of vaccine. A written statement from a physician, or the student's parent or guardian, or school nurse must support histories of varicella disease." School nurses may also write this statement to document cases of chickenpox that they observe. The school shall accurately record the existence of any statements attesting to previous varicella illness or the results of any serologic tests supplied as proof of immunity. The original should be returned to the child/student or the child's/student's parent or guardian. If a child or student is unable to submit such a statement or serologic evidence, varicella vaccine is required.

Documentation of prior varicella illness can be provided by the following methods:

1. A serologic confirmation of varicella immunity (positive varicella IgG result).
2. A written statement from a physician, school nurse or the child's/student's parent of guardian containing wording such as:

"This is to verify _____ had varicella disease (chickenpox)
(Name of student)

on or about _____ and does not need the varicella vaccine."
(Approximate month/day/year)

(Signature)

(Relationship to student)

(Date)





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Release and Consent Form

In consideration of having his/her written work and/or photograph selected as one of the students to represent his/her school in its advertising; the **UNDERSIGNED** student of Great Lakes Academy, joined by a Parent or Guardian, **hereby consents to the use of the student's photograph and/or written work** by Great Lakes Academy, in its catalogs, advertising brochures, website and other media promoting and advertising services of Great Lakes Academy.

Permission is granted to have his/her image on videotape for in-school use **only** for such projects as creative dramatics or the holiday program.

Such use to be the sole discretion of Great Lakes Academy, acting through its officers and agents; and all of the undersigned hereby release Great Lakes Academy from any and all damages, liabilities, and claims resulting from such use.

Dated this _____ day of _____, _____.
month year

Student's Signature

Parent's Signature

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Student Information Release Form

Name _____

S.S. Number _____

D.O.B. _____ Grade _____

To: _____ Phone No. _____
Name of last school attended

_____ Fax No. _____
Address

_____ *City, State, Zip*

The student listed above recently enrolled at Great Lakes Academy and reported to us that they formally attended your school. The following information would be helpful to us in assessing placement and progress.

Check the information to be released:

___ Copy of birth certificate and social security card

___ Vision/Hearing Evaluations

___ Educational Evaluations

___ Individual Educational Program/Plan (IEP)

___ Spinal Examination

___ Psychological Evaluation/Treatment Information

___ Social/Developmental History

___ Speech/Language Evaluation

___ Standardized Test Data

___ Transcript of Grades

___ Immunizations/Health Records

___ Other(specify) _____

Please send or fax these records as soon as possible to :

**Great Lakes Academy
6000 Custer Road Building 7
Plano, Texas 75023
Fax 972-517-0133**

Permission for release of records for the above named student is granted.

Signature of Parent or Guardian

School Secretary

Dated _____

Dated _____

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Information Checklist for “**General Information Student File**”

Student's name: _____ Grade _____

Student Date of Birth: _____ Enter Date: _____ Date Checked: _____

Information received:

_____ **Page 1** – Enrollment Data Form - __Yes to release phone number and/or address & email address to other parents

_____ **Page 2** –Permission to Dispense Medication (both prescription & over-the-counter)

_____ **Page 3** – Emergency and Food Allergy Reaction Form (current meds @home)

_____ **Page 4** – Student Pick-Up and General Waiver Form

_____ **Page 5** - Notarized Hospital Form – Columbia Medical Consent Form

_____ **Page 6** - History of Varicella (chickenpox)

_____ **Page 7** - Release & Consent Form (pictures, written work, or art projects)
signed by _____Parent /Guardian _____Student

_____ **Page 8** - Request for Records from Former School/Student Info release form

_____ **Page 9** - *Student Information Checklist (this form)*

_____ **Page 11** – Background check for parents _____Mom _____Dad

_____ **Page 12 & 13** – Parent Volunteer and Information form

_____ **Last page Student Handbook** - Dress Code signed by _____ Parent/Guardian _____ Student

To be filed in General Info Folder

_____ Immunization/Health Records

_____ Vision/Hearing/Spinal/Acanthosis Nigricans Evaluations (available at GLA on April 15, 2009)

_____ Copy of Birth Certificate and Social Security Card (or number)

To be filed in Report Cards/Progress Reports Folder

_____ Transcript of Grades/Report Cards & all Progress Reports

To be filed in Testing Folder

_____ Brigance Test

_____ Iowa Test

_____ TAAS/TAKS Test (or other standardized test) for each of the previous years

_____ IEP

_____ Educational Evaluations

_____ Speech/Language Evaluations

_____ Psychological Evaluations/Treatment Information

_____ Social Developmental History

_____ Other _____

Great Lakes Academy

Before & Aftercare Program

Great Lakes Academy provides morning care, Monday through Friday from 7:00a.m. – 7:45a.m. and aftercare, Monday through Friday from 3:30p.m. - 5:45p.m.. This service is for working parents who cannot pick up their student at regular dismissal times. Aftercare is a structured time to provide the students an opportunity to relax and play, have a snack, and start their homework. This is not just an opportunity for kids to stay and play. The expectations for student behavior are the same, as during the school day. GLA reserves the right to refuse this service to any student who does not comply with the rules.

Fees: Morning Care \$5.00 per day
After Care \$10.00 per day
After Care Late Fee: \$2.00 a minute (Late fees begin at 5:46 and will be billed)

Billing: Parents will be billed monthly. All questions regarding billing should be directed to Mrs. Wofford.

Snacks: Parents are responsible for their child’s snack during aftercare. Please send a healthy snack or extra money to be saved for aftercare.

Homework: Students will start their homework and will be provided guidance by the teacher. However, parents will still need to make sure everything is complete and sign the assignment book each evening. Students may need help at home studying spelling words, vocabulary, math facts, or for a test.

Aftercare Enrollment Form

Student Name: _____ Grade: _____

My child will attend Morning Care: Monday ____(\$5.00)
Tuesday ____(\$5.00)
Wednesday ____(\$5.00)
Thursday ____(\$5.00)
Friday ____(\$5.00)

My child will attend Aftercare: Monday ____(\$10.00)
Tuesday ____(\$10.00)
Wednesday ____(\$10.00)
Thursday ____(\$10.00)
Friday ____(\$10.00)

I, _____, acknowledge and agree to pay the late fee of \$2.00 per minute starting at 5:46 p.m.
(Parent initial)

Date: _____ Parent Signature _____



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All Texas public schools are required by state law to obtain criminal history record information on all individuals who work or volunteer in the Public schools systems (Texas Education Code Section 21.97). For the safety of all our students, GLA is now requiring all volunteers to obtain a criminal background check, as well.

Thank you for your continued support and dedication to Great Lakes Academy.
The information requested below is necessary to perform the criminal history background check.

Student Name: _____ **Date:** _____

Last Name: _____ First Name: _____ Middle _____

Previous Last Name (if any) _____

Country: _____ Zip Code: _____ State: _____

Address: _____ City: _____

Email: _____ Website: _____

Home Phone: _____ Work Phone: _____

Do you have a valid U.S. driver's license? _____ DL State: _____

Drivers License Number: _____ Gender: _____

Date of Birth: _____ Race/Ethnicity: _____

I understand that my position as a volunteer is contingent upon the completion of a criminal background check as required by Great Lakes Academy.

I Agree _____ I Do Not Agree _____
Signature Date Signature Date

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GREAT LAKES FAMILY VOLUNTEER & INFORMATION FORM

Parent's Name(s): _____

Child's Name: _____ Grade: _____

Primary E-Mail: _____ Best Phone # to Call: _____

Involvement Opportunity Areas:

Tuesday Teacher Treats ____ (send/drop off in the morning edible goodies 1-2 times throughout the year. Schedule will be created)

Library Aid ____ (shifts during school hours, schedule to be created)

Auction Fundraiser Coordinator/Solicitor ____ (springtime school fundraiser; item solicitations/donations/gift basket assembly)

Classroom Room Parent ____ (Help with individual teacher requests/parties/field trips/school & classroom communication needs)

Field Trip Drivers ____ (On an "as needed" basis, coordinated with your child's teacher)

Baking Monthly Birthday Cake ____ (Celebrate staff birthdays once a month by sending in homemade or store bought cake for 16 staff members)

Art Department Helper ____ (Putting up projects in the hallway, assisting Mrs. B in help she may need)

Assembling Teacher Appreciation Gift Bags ____ (mid-December, last week of school)

Set-Up/Clean Up Teacher Lunches ____ (Last Thursday of each month 11:10 set-up or 1:30 clean up)

School Entry Beautification Project (i.e. Flowers in pots or by entry) ____

Refreshment Coordinator for Winter Pageant and Spring Awards Assembly ____

"Nothing Strikes My Fancy"/ "I Have No Time" I can offer financial help ____
"Volunteer At Large" Call Me/E-Mail Me If You Need Help ____

Volunteer Time Availability: Indicate what's best for your schedule

Monday-Friday: School Hours Available _____ OR

Projects that can be completed in the evening, from home, weekends: _____

Family Skills/Areas of Expertise/Resources

Employer/Position:

Parent/Father _____

Parent/Mom _____

Matching Employee Charitable Gift Fund? ____ (Many companies will match contributions that employees make to not for profit, charitable organizations, such as Great Lakes! Just get a form from work, it is usually available to download off your company's website, and turn it in to Carol in the GLA office. GLA does the rest and it doesn't cost you any additional money.)

Hobbies/Interests/Skills (Dad, Mom, or Grandparents): _____

Are you willing to share these skills at school? _____

I/We are willing to donate professional services (i.e. attorney, CPA, home builder, tradesman (electrical, plumber, carpenter) chef,) Please specify. _____

I/We can assist and/or supply donations in the following areas (i.e. office/school supplies, computer ink cartridges, paper goods, printing services, office equipment, general handyman services, food items, beverages, other) please specify. _____

I/We have the following contacts that may be able to provide reduced pricing in the following areas:

I/We have the following contacts in the medical profession or media (newspaper, radio, magazine) that might be interested in knowing more about our school. Please list name and phone number and/or address. _____



GREAT LAKES ACADEMY PARENT ORGANIZATION

6000 Custer Road, Building 7
Plano, TX 75023

On behalf of the GLA Parents Organization, “Welcome to the GLA Family!”

Great Lakes Academy is a strong community of families, teachers and staff.

The GLA Parent Organization (GLAPO) is committed to supporting our school’s mission of providing a stimulating environment and favorable atmosphere so that every student can develop to their greatest potential.

As parents, we cherish GLA’s safe educational and nurturing environment for our children. We want to maintain and continue to enhance the quality of the faculty, the curriculum, and extra-curricular activities.

We are a relatively small school community -- so 100% parents’ participation is vital. Like most other private schools, our tuition alone does not cover all of the school’s operating expenses. Therefore, all GLA families join the Parents Organization and get involved in one or more of our activities in support of our school.

There are many ways to get involved! We have several working committees:

- **Fundraising** – coordinates events throughout the year, including the Holiday Auction, corporate matching gifts and foundation grants.
- **Teacher Appreciation and Family Relations** – coordinates social events for teachers and our families.
- **School Property** – takes care of building and grounds, including our library.
- **Communications** – keeps our families informed of all events throughout the year.

Please let us know how you would like to become involved. Feel free to contact me, or a member of the GLA Administrative team with any questions regarding our parent organization.

Again, welcome to our family!

Jim Polchow,
GLAPO President
jim.polchow@sprint.com



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Great Lakes Academy Annual Fundraiser

Each year's Annual Fundraiser is a critical facet of the schools fundraising efforts. This annual request for funds can make up the difference between what is received as tuition and actual operating expenses of the school and its expansion efforts. Every dollar donated to Great Lakes Academy directly benefits its students. Annual fundraising also supports GLA's small class sizes, superior teachers and staff, a developing scholarship fund, and special programs, which are all an essential part of the school.

Another purpose of annual fundraising is to extend the schools revenue sources through tax-deductible dollars rather than tuition dollars. Therefore, every dollar given to Great Lakes Academy through its fundraising efforts is tax-deductible since GLA is a 501 (c) 3 non-profit school.

The cost of tuition alone does not cover the cost of a student's education at GLA. Tuition revenue alone is not enough to sustain the quality of education and to develop additional programs such as new technology, expanded programs and additional buildings. It is necessary to raise additional funds to maintain and increase our standards of excellence.

It will take every GLA staff member, parent, grandparent and friend to reach our annual goal. It is important for the Great Lakes community to support the annual fundraisers 100%. No amount is too small. All monetary donations make a difference and are tax deductible.

Great Lakes Academy greatly appreciates your continued support!

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FREE MONEY PROGRAMS

Please help us achieve our fundraising goals for the 09-10 school year by using the businesses and programs as outlined below: Thank you.

Albertson's

The "Community Partner" card is available at GLA's school office. When purchasing groceries at Albertson's, please remember to have the cashier scan the community partners card. GLA can earn up to 1% of your total purchases. GLA's code is **49000123099** 1-800-696-6419

Box Tops - Save your General Mills box tops and drop them off at the GLA office. We receive 10 cents for each one.

Office Depot - 5% Back to School Program

If you purchase anything from an "Office Depot" store, GLA can earn credit for free school/office supplies. GLA's identifying number is **#70209190**.

Target Guest Cards and Target Check Cards

When you make a purchase at Target, use a Target Guest Card (available at all Target locations) or a Target Check Card and GLA will receive 1% of your purchases. GLA's link number is **# 116378**

Target Visa Card

"Take Charge of Education" program – GLA's link number is **#116378** this is a Visa Card that can be used at any store/business/gas station/etc. Purchases made using this card can earn GLA up to a 1% rebate amount.

www.target.com/tcoe or 1-800-316-6142

Tom Thumb:

Good Neighbor program - At any Tom Thumb service counter, ask to link your saving card to our school. GLA's school number is **# 9500** – We can earn up to 1% of your total purchases.

<http://www.tomthumb.com> or 1-888-334-8240

Central Market:

Show your white Central Market card to the clerk before checking out and GLA will receive up to 1%. Additional cards are available in the office. GLA's link number is #041220 -19567 - 1.

Kroger: Neighbor to Neighbor Program

This must be renewed at the beginning of each school year. Take your plastic Kroger *Plus* Card to either the service desk or hand to the clerk at checkout AND a copy of our bar code (see below). When both are scanned at the same time, it will automatically link your saving card to our school. Then each time you use your saving card, GLA receives 1% of your total purchases. Please have this form with bar code available for Kroger staff member.

www.krogerneighbortoneighbor.com or 1-866-995-7643

GREAT KIDS W/ADHD



Kroger cashier: Please scan customer's Kroger *Plus* Card at the beginning of the order: then scan the above barcode. Your Kroger *Plus* Card is now enrolled in the Kroger Neighbor to Neighbor Donation Program.