

CRIEVE HALL CHURCH OF CHRIST PRESCHOOL

4806 Trousdale Dr. Nashville, TN 37220 615.833.5395 Fax # 615.515.1299

Child's name: _____ Child's birthday: _____

Address: _____ Apt# _____ City: _____ Zip: _____

Mom's name: _____ Dad's name: _____

Mom Cell phone: _____ Dad Cell Phone: _____

Mom's email address - please print: _____

Dad's email address - please print: _____

Church attended: _____

15 months by August 15, 2019. Please mark the appropriate days for your child.

_____ Tuesday, Thursday _____ Monday, Wednesday, Friday _____ Monday - Friday (5 days)

2-year-old by August 15, 2019. Please mark the appropriate days for your child.

_____ Tuesday, Thursday _____ Monday, Wednesday, Friday _____ Monday - Friday (5 days)

3-year-old by August 15, 2019. Please mark the appropriate days for your child.

Your child must be potty trained to be in the 3 year old class.

_____ Tuesday, Thursday _____ Monday, Wednesday, Friday _____ Monday - Friday (5 days)

4-year-old by August 15, 2019. Please mark the appropriate days for your child.

_____ Tuesday and Thursday _____ Monday, Wednesday, Friday _____ Monday-Friday (5 days)

I hereby request the above child be enrolled in the Crieve Hall Preschool/Pre-k program (15 months through 5 years), for the 2019-2020 school year (August - May). Hours of operation are 9:30-2:30 Monday-Friday. A supply fee of \$100.00 includes: snacks, milk, wipes, etc. used throughout the school year. A registration fee of \$75.00 will reserve my child's space in the Preschool. **Both fees are non-refundable.**

School will begin Monday, August 12, 2019. Your August tuition will be due at open house in August. The monthly tuition is due by the 1st of each month. There will be a \$10.00 late fee added to your bill if payment is not received by the 10th each month. If tuition becomes more than 30 days delinquent, your child cannot attend the next month. Once your fees are current, your child can return to class. Additional children in a family attending the preschool will receive a 10% discount.

Tuition for the school year 2019-2020 is as follows:

Two days a week, per month is \$230.00 (yearly tuition is \$2,300.00)

Three days a week, per month is \$310.00 (yearly tuition is \$3,100.00)

Five days a week, per month is \$450.00 (yearly tuition is \$4,500.00)

I understand that the absence of the child from school for part, or all of a month does not reduce the tuition nor does it change the method of payment as outlined above. I further understand that in the event that the child is withdrawn from school, no part of the tuition paid for the month in which the child is withdrawn is to be refunded. When withdrawing from school please make teacher and administration aware. Tuition will not be pro-rated for a mid-month withdrawal.

By signing this contract, I agree with all of the information in the packet.

Signature of Parents/Guardian _____

Date: _____ Registration paid Check # _____ Pre visit date: _____

Father's work _____ Work phone: _____

Mother's work _____ Work phone: _____

Do you plan on being enrolled in the preschool all year (August - May)? _____

If No, please explain _____

In case of an Emergency, if neither parent can NOT be reached, call:

Name: _____ **Phone #:** _____

Physician's Name: _____

Phone #: _____

Hospital of choice: _____

To insure the safety of your child, please list all other adults to whom your child may be released or who are authorized to provide transportation for your child.

We will need a CURRENT Tennessee Child Health Record for your child when he/she starts Preschool. Please bring it in to open house in August. Doctors can fax it to the Preschool at fax number 615.515.1299.

YOUR CHILD CANNOT START SCHOOL UNTIL WE RECEIVE A CURRENT HEALTH FORM FOR OUR FILES.

If your child receives more immunizations during the school year, please bring your updated form to the preschool office.

Are there any medical problems, allergies, or other information we need to know about concerning your child?

_____ **Yes** _____ **No**

If yes, please give details:

How severe are the allergies? _____

What health problems has your child had in the past? _____

Does your child have any health problems now? _____

Does your child take medication on a regular basis? _____

Has your child been hospitalized? If so, when and why? _____

Does your child have any recurring chronic illness or health problems such as:

_____ Asthma _____ Cerebral palsy _____ developmental delay

_____ Diabetes _____ frequent earaches _____ hemophilia

_____ Seizure disorder _____ other

If medically diagnosed, what is the name of the doctor who diagnosed the illness or health problem

What are your child's sleep habits?

Awake _____

Naptime _____

Bedtime _____

Other children in the family

Name

Birth date

School

School begins Monday, August 12, 2020. Tuition each month is due on the 1st of each month. You have until the 10th of each month to make the payment. After the 10th, payment is late and a \$10.00 late fee will be applied to your account. Additional children in a family receive a 10% discount. Tuition fees remain the same regardless of absentee, sickness, holidays, or snow days. If tuition becomes more than 30 days late, your child cannot attend until payment is received and your account balance is current. At that point, your child may return to classes.

A supply fee of \$100.00 covers all supplies needed for the school year. A registration fee of \$75.00 is due when registering your child into the program. This holds the place for the child in the program. **Both fees are non-refundable.**

*If a child has been exposed to a communicable disease the parents should contact the school. **If your child shows any signs of a cold, fever, vomiting, or diarrhea in the 24 hours previous to the time he is to attend school he/she should be kept home.** This includes skin eruption or contagion of any kind. If a child is brought to school and we feel he is sick you will be called to pick your child up. We do not administer medicine at school. We are striving to provide as healthy and happy environment as possible. We appreciate your co-operation in keeping our school as healthy as possible.*

Please sign your child in at their door with a name and phone number every day. Teachers are busy preparing for the day from 9:00-9:25 and cannot watch your child before school begins. We have early class from 8:30-9:25 every morning; you may use that if you need to leave your child early. Each time you use early, it is \$8.00. School dismisses at 2:30 and you must come in and sign your child out. If your child is not picked up at 2:40, they will be taken to late class. Late class is offered from 2:40-3:30 every afternoon. Every time your child uses late class it is \$8.00

Parents are responsible for transportation of their child to and from school. Only persons listed on the information sheet may do so without written consent of the parent. The school should be notified whenever the child is to go home with someone else. We are liable if we release a child to anyone whose behavior places the child in danger. If this situation should occur, we would contact any of the people listed on your child's emergency contact sheet.

We try to encourage positive behavior. If the situation occurs when a child needs to be corrected, we use a "time out" chair per the age of the child. If another approach is needed, we send a note home and will phone the parents. Any information on how situations are handled at home are greatly appreciated. Our school policy is no spanking.

All holidays are celebrated with a class party. Each room will celebrate with a party at snack time. Teachers will post a sign-up sheet outside their room for your help with the parties. The sign-up sheet will consist of a fruit, sweet item, and juice boxes.

Each child needs to bring a backpack LARGE enough to bring home artwork and folder. Be sure to label everything your child brings to school. This includes lunchbox, blankets, hats, raincoats, mittens, jackets, sweaters, etc. A change of clothes must be left at school at all times, labeled with the Child's name. Please make sure to change the extra clothes per seasons.

We furnish snack, which can be goldfish, animal crackers, vanilla wafers, butter cookies, or crackers. Milk, juice, and water are provided. Please send your child a lunch each day. Lunches are not

refrigerated nor will they be microwaved, so please pack accordingly. Label lunchboxes and all plastic containers.

Please do not permit your child to bring money, toy guns or other war toys to school. Also, do not give your child gum or candy unless you send enough for everyone in the class.

Snow Days: If it begins snowing during school hours, a remind text will be sent out regarding closing early. We follow Metro snow closing. If Metro closes, we will close. We strive to keep our Crieve Hall Preschool family safe. We have lots of families that drive good distances and ensuring everyone's safety is top priority.

A calendar will be sent home at the beginning of the month to show what activities and topics covered throughout the month. A daily sheet will be sent home with our younger classes to let you know how your child's day went. These will keep you informed of what is to occur each day at our school and any special activities.

Whenever you have a problem or question of any kind, please be sure to talk to the child's teacher. Parents and teachers need to work together to be sure that the standards they expect the child to meet are the same.

THANK YOU FOR SHARING YOUR CHILD WITH US AT CRIEVE HALL PRESCHOOL

Parent/Guardian signature

Date

Crieve Hall Church of Christ Preschool
4806 Trousdale Dr. Nashville, TN 37220

615.833.5395

Fax 615.515.1299

Child Care Waiver of Liability

Child's Last name

First Name

Date of Birth

Parent/Legal Guardian last name

First name

Address

City, State, zip

Email (PLEASE PRINT)

Drivers License # and state

Emergency contact

Phone #

Allergies

Waiver of Liability, Release, assumption of risk and indemnity agreement notice: **This is a legally binding agreement.** I understand that by signing this Childcare Waiver of liability, I release and hold harmless CHP and its owners, director, teachers, staff, and all other persons or entities acting for them from any and all claims, demands, suits, cost and charges, in connection with or arising out of CHP, including but not limited to, personal injury, bodily harm injury, or property damage occurring while the above child/children is/are in their care at CHP.

I have read and understand this agreement, and I am aware that by signing this agreement I am waiving legal rights to sue or make collection of moneys from CHP.

Parent/Guardian signature:

Parent/Guardian signature:

Date:

Please fill this out for the teacher to have on file in the classroom.

Child's name: _____ Birth date: _____

Where do you attend church? _____

Does your child have any allergies? _____

Is your child potty trained? _____

If not, are you planning on potty training soon? When? _____

Does your child eat meals well? _____ are they light eaters? _____

What is your child's favorite food? _____

Does your child take a nap? _____

How long does your child nap usually? From _____ to _____

What is your child's favorite toy? _____

What is your child's favorite movie? _____

Is your child frightened by _____ animals _____ rough children _____ loud noise
_____ the dark _____ storms _____ other

What is the best way to discipline your child (excluding physical punishment)

Is there anything else you would like to share about your child to help us get to know them better?
