

CRIEVE HALL CHURCH OF CHRIST PRESCHOOL

SUMMER REGISTRATION 2019

4806 TROUSDALE DR. 37220 615.833.5395 Fax # 615.515.1299

Welcome to the Crieve Hall Summer Program.

The summer program will be Tuesday, June 4<sup>th</sup> – Thursday, July 11<sup>th</sup>. This will be a six week long summer fun program. We will accept children 15 months through 5 years old going into Kindergarten. We will be closed on July 4<sup>th</sup>.

6 weeks Tuesday and Thursday: \$350.00

Registration and Supply fee for the summer is \$50.00 total. These fees are non-refundable. The fees reserve your child's space. **Payment for the summer session is due Tuesday, June 4<sup>th</sup>.**

In the case of absence from school during the summer, please notify the school at 615.833.5395 or [shellywalden@crievehall.org](mailto:shellywalden@crievehall.org). This allows the teacher to prepare for the day. Being absent from school does not reduce the tuition.

Please bring your child in and sign them in at their door with a name and phone number. Teachers are busy preparing for the day from 9:00-9:25 and cannot watch your child early. Please do not just drop your child off. We have early class from 8:30-9:25 Tuesday and Thursday. 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, your child will be taken to late class. Late class is offered from 2:30-3:30 Tuesday and Thursday. Each time you use early/late class, it is \$8.00 per use.

Each day will consist of outdoor play (weather permitting), Bible story, and art/crafts activity.

Each child needs to bring a backpack large enough to bring home artwork, papers and a blanket. Be sure to label everything your child brings to school. This includes lunchbox, and blankets. A change of clothes must be left at school in case of accidents.

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 bring your child to school if he/she has been sick with fever, rash, vomiting, or diarrhea in the past 24 hours. Parents will be contacted if their child becomes sick during school hours. We do not administer medicine.**

Thank you for sharing your child with us at Crieve Hall Preschool!

I understand and agree with the above statements.

Signature of Parents/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Registration /Supply paid Check# \_\_\_\_\_

CRIEVE HALL CHURCH OF CHRIST PRESCHOOL SUMMER PROGRAM  
REGISTRATION FORM 2018

Child's name: \_\_\_\_\_ Child's birthdate: \_\_\_\_\_

Are there any medical problems, allergies, or other information we need to know about concerning your child? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please give details:

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

List medications child is on: \_\_\_\_\_

\_\_\_\_\_

**Parents/Guardians:**

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

Mother's Email: (PLEASE PRINT) \_\_\_\_\_

Father's email: (PLEASE PRINT) \_\_\_\_\_

Church attended: \_\_\_\_\_

**Emergency Information:**

Name of person authorized to act for the parent (if unreachable) in case of an emergency:

\_\_\_\_\_

Cell #: \_\_\_\_\_

Physicians name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital of choice: \_\_\_\_\_

To ensure 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:

\_\_\_\_\_

Any other information we need to know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_