

Age as of 8/31/17 \_\_\_\_\_

## Harpeth Heights Weekday Preschool

8063 Highway 100 \* Nashville, TN 37221  
615-646-6553 \* Fax 615-646-9899 \* [annette@harpethheights.org](mailto:annette@harpethheights.org)

### Application for Enrollment – 2017-2018

Please complete in full and return with a non-refundable Registration Fee of \$110. *In the event a class is full and your child is placed on the Waiting List, the fee will be returned to you.*

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

Preferred Name/Nickname \_\_\_\_\_

\_\_\_\_\_ Returning Student \_\_\_\_\_ Sibling \_\_\_\_\_ Church Member \_\_\_\_\_ New Student

#### INFANTS' – TODDLERS' PROGRAM

Class Placement (choose one)	Days Preferred (choose 2-5 days)	Second Choice (if first choice is not available)	Monthly Tuition
<input type="checkbox"/> <b>Infants</b> (6 mos. - 13 mos.) <b>Age as of Aug. 31, 2017</b> ☺ Teacher to Child Ratio 2:6	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> ANY-PLEASE CALL	2 Days per week...\$250.00 3 Days per week ..\$350.00 4 Days per week... \$455.00 5 Days per week...\$555.00 * 10% sibling discount available
<input type="checkbox"/> <b>Toddlers</b> (14 mos.-21 mos.) <b>Age as of Aug. 31, 2017</b> ☺ Teacher to Child Ratio 2:8	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> ANY-PLEASE CALL	<b>Same as above</b>

#### TWO-YEAR OLDS' PROGRAM

(  22 mos. – 35 mos. as of 8/31/17 or  3 yrs. but not potty-trained)

Class Placement (choose one)	Days of Attendance (choose/circle 2 to 5 days)	Monthly Tuition *10% sibling discount available
<input type="checkbox"/> <b>2 day</b> 2-Year-Old Class	Mon Tue Wed Thu Fri	\$250.00
<input type="checkbox"/> <b>3 day</b> 2-Year-Old Class	Mon Tue Wed Thu Fri	\$350.00
<input type="checkbox"/> <b>4 day</b> 2-Year-Old Class	Mon Tue Wed Thu Fri	\$455.00
<input type="checkbox"/> <b>5 day</b> 2-Year-Old Class	Monday through Friday	\$555.00

#### THREE-YEAR OLDS' PROGRAM

(Must Be Toilet Trained! – No pull-ups or diapers!)

Class Placement (choose one)	Days of Attendance Choose 2 to 5 days	Monthly Tuition *10% sibling discount available
<input type="checkbox"/> <b>2 day</b> 3-Year-Old Class	Mon Tue Wed Thu Fri	\$250.00
<input type="checkbox"/> <b>3 day</b> 3-Year-Old Class	Mon Tue Wed Thu Fri	\$350.00
<input type="checkbox"/> <b>4 day</b> 3-Year-Old Class	Mon Tue Wed Thu Fri	\$455.00
<input type="checkbox"/> <b>5 day</b> 3-Year-Old Class	Monday through Friday	\$555.00

#### PRE-K – FOURS' & FIVES' PROGRAM

Class Placement (choose one)	Days of Attendance Choose 2 to 5 days	Monthly Tuition *10% sibling discount available
<input type="checkbox"/> <b>2 day</b> 4 & 5-Year-Old Class	Mon Tue Wed Thu Fri	\$250.00
<input type="checkbox"/> <b>3 day</b> 4 & 5-Year-Old Class	Mon Tue Wed Thu Fri	\$350.00
<input type="checkbox"/> <b>4 day</b> 4 & 5-Year-Old Class	Mon Tue Wed Thu Fri	\$455.00
<input type="checkbox"/> <b>5 day</b> 4 & 5-Year-Old Class	Monday through Friday	\$555.00

**\*\*A current immunization form must be submitted with application for all students.**

#### NOTES TO AID IN YOUR CHILD'S PLACEMENT:

**FAMILY INFORMATION FORM– 2017-2018**

**MOTHER (or Legal Guardian)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Apt. # \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Mother's Employment \_\_\_\_\_

Work Phone \_\_\_\_\_

**FATHER (or Legal Guardian)**

Name \_\_\_\_\_

Address(if different) \_\_\_\_\_

Apt. # \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Father's Employment \_\_\_\_\_

Work Phone \_\_\_\_\_

**Applicant's parents are:**  Married  Divorced  Separated  Single

**Applicant resides with:**  Both parents  Mother  Father  Other

**SIBLINGS**

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

**FAMILY ETHNICITY:** \_\_\_\_\_

**LANGUAGE SPOKEN AT HOME:** \_\_\_\_\_

**PREVIOUS PRESCHOOL EXPERIENCE**

Has your child previously attended preschool? ( )Yes ( )No If so, where? \_\_\_\_\_

**CHURCH MEMBERSHIP**

Are you a member of any church? ( )Yes ( )No If so, what church? \_\_\_\_\_

## **EMERGENCY INFORMATION**

### **Emergency Contact Information**

**\*\*MUST HAVE** a person's name authorized to serve as an emergency contact for your child in the event that you cannot be reached.

\*\*This contact person is allowed to transport my child/children \_\_\_\_\_ Yes \_\_\_\_\_ No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Business \_\_\_\_\_

### **Person(s) (other than parents) to whom your child can be released**

**\*\*MUST LIST** person(s) authorized to provide transportation for your child with contact number (can be out of town)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## **MEDICAL INFORMATION**

Physician Name \_\_\_\_\_ Office Phone \_\_\_\_\_

My child has the following medical condition \_\_\_\_\_

**ALLERGIES** \_\_\_\_\_

**TREATMENT REQUIRED** \_\_\_\_\_

**"PERMISSION TO ADMINISTER MEDICATION"** FORMS AVAILABLE IN CLASSROOM OR OFFICE

**Hospital of Choice** (In an extreme emergency, the nearest hospital will be used.) \_\_\_\_\_

-----

## **Power of Attorney 2017-2018**

In the event of a medical emergency involving my child, Harpeth Heights Baptist Church has the authority to act on my behalf to the extent necessary and provide consent for medical treatment..

Parent / Guardian Name (please print) \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(Must be signed)

# PARENT SIGNATURE PAGE

2017-2018

I hereby agree to and have been given information regarding:

Please initial:

- \_\_\_\_\_ The program's **Mission Statement and Purpose of Ministry**.
- \_\_\_\_\_ The program will follow **Metro-Davidson County school calendar**, opening August 7 and closing May 23. The program will also follow all Metro-Davidson County schools' emergency and/or weather-related closings. There will be no reduction in tuition due to weather closings.
- \_\_\_\_\_ A **Pre-Enrollment Orientation** visit has been completed; **Date of tour:** \_\_\_\_\_
- \_\_\_\_\_ The program's **Tuition Policies and Procedures** for making payments. Tuition will be deducted by automatic withdrawal from a designated/authorized account on the first of each month, beginning July 1<sup>st</sup> of each year.
- \_\_\_\_\_ The program's **Notice to Withdraw** requires a 30 day notice, otherwise payment will be due. **The program offers no credits or refunds for a child's absence for any reason.** Exception - If the program chooses to terminate services a credit may be due depending on the circumstances.
- \_\_\_\_\_ The program's **Sign-In and Out** procedures, and I have been made aware that non-compliance is grounds for termination of services with no refund of tuition.
- \_\_\_\_\_ The program's **Late Pickup Fee** of \$1.00 per minute after 3:00 is due when arriving late, payable to the teacher.
- \_\_\_\_\_ The Department of Human Services requires **Healthy Lunches**, including milk, be offered to children at lunch. See handbook for specifics.
- \_\_\_\_\_ The program's **Sick Policy** requiring 24 hours of good health before returning to preschool.
- \_\_\_\_\_ The program's **Child Discipline** policies and procedures which outline steps routinely taken in guiding a child's behavior.
- \_\_\_\_\_ The program's **Biting Policy** which is ultimately handled on a case by case situation.
- \_\_\_\_\_ The program's **Termination of Services** policy stating that we reserve the right to terminate our services without notice in certain extreme situations (child/parent's behavior, nonpayment of tuition, failure to follow procedures, etc.). Please see handbook for specifics.
- \_\_\_\_\_ I understand that if I have a **Grievance** with the preschool and have in good faith tried to work out the situation with the staff and administrator, I have the right to speak with the church administrator. **See Grievance Policy.**
- \_\_\_\_\_ The program's **Risky Behavior** policy which details our responsibilities in denying anyone transportation rights for the child if they appear impaired and unable to drive safely.
- \_\_\_\_\_ The program's **Personal Safety** curriculum which must be offered to children in 3-5 year old classes – typically offered during the second semester. This is a DHS requirement.
- \_\_\_\_\_ The program's **Evacuation Management Procedures** which is required by DHS. Please see handbook for specifics.
- \_\_\_\_\_ I have received the **Tennessee DHS Summary of Licensing Requirements for Child Care Centers** located in the Parent Handbook. I understand that the full licensing requirements booklet is available on the front desk in the preschool foyer and/or in preschool office.
- \_\_\_\_\_ I have received the **Influenza Information Notification Form** from the State of Tennessee, Department of Human Services. I understand the importance of immunizing children against this virus.

## PARENT SIGNATURE REQUIRED

I have read the above guidelines as well as the Parent Handbook and agree to all terms as stated. I further understand, that should the need arise; I will receive in writing any changes to policies and procedures before they go into effect.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Before and/or After Care – 2017-2018 Application

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

### AGES: 6 mos.—30 mos.

	<b>Days Preferred</b> (choose 1-5 days)	<b>Second Choice</b> (if first choice is not available)	<b>Monthly Tuition</b>
<u>Before Care</u> 7:15 – 9:00 AM	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> ANY-PLEASE CALL	1 Day per week \$25.00 2 Days per week \$48.00 3 Days per week \$71.00 4 Days per week \$94.00 5 Days per week \$117.00
<u>After Care</u> 3:00 – 5:00 PM	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> ANY-PLEASE CALL	1 Day per week \$33.00 2 Days per week \$64.00 3 Days per week \$95.00 4 Days per week \$126.00 5 Days per week \$157.00

### AGES: 31 mos.—6 years

	<b>Days Preferred</b> (choose 1-5 days)	<b>Second Choice</b> (if first choice is not available)	<b>Monthly Tuition</b>
<u>Before Care</u> 7:15 – 9:00 AM	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> ANY-PLEASE CALL	1 Day per week \$25.00 2 Days per week \$48.00 3 Days per week \$71.00 4 Days per week \$94.00 5 Days per week \$117.00
<u>After Care</u> 3:00 – 5:00 PM	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> ANY-PLEASE CALL	1 Day per week \$33.00 2 Days per week \$64.00 3 Days per week \$95.00 4 Days per week \$126.00 5 Days per week \$157.00

If you have a current "Debit Authorization" form on file, please do not complete this form.

### Debit Authorization

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name Harpeth Heights Baptist Preschool Company ID Number XXXXXXXXXXXXXX

I (we) hereby authorize HHBC, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository (Bank) Name \_\_\_\_\_ Branch XXXXXXXXXXXXXX

City \_\_\_\_\_ State \_\_\_\_\_ Zip XXXXXXXXXX

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_ ID Number XXXXXXXXXX

Date \_\_\_\_\_ Signature \_\_\_\_\_

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS **MUST** PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

ALLERGIES \_\_\_\_\_

Registration Fee (\$110) \_\_\_\_\_

Classroom \_\_\_\_\_

**HARPETH HEIGHTS WEEKDAY PRESCHOOL 2017-2018 REGISTRATION CARD**

CHILD'S NAME \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(street & apt.) (city & zip)

MOTHER'S NAME \_\_\_\_\_ PHONE NUMBERS: Hm. \_\_\_\_\_ Cell \_\_\_\_\_  
(please print) Wk. \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ PHONE NUMBERS: Hm. \_\_\_\_\_ Cell \_\_\_\_\_  
(please print) Wk. \_\_\_\_\_

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

**EMERGENCY AND TRANSPORTATION INFORMATION**

*I authorize the following persons to pick up my child from Harpeth Heights Preschool in my absence:*

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ I have received, read and agree to all policies and procedures outlined in the Parent Handbook.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW. OFFICE USE ONLY**

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ **Friday**