

2018 SUMMER PROGRAM
Harpeth Heights Weekday Preschool
June 5—7; June 19—July 19
8063 Highway 100 * Nashville, TN 37221
615-646-6553 * fax – 615-646-9899 * annette@harpethheights.org

Application for Summer Enrollment

Please complete in full and return with a non-refundable Registration Fee of \$40.00. In the event a class is full, your child will be placed on a waiting list and your \$40.00 will not be deposited.

Child's Name _____ **Sex** _____ **Date of Birth** _____

Preferred Name/Nickname _____

Status

____ Current student ____ Sibling of Current Student ____ Church Member ____ New Family

____ **New Student Enrolled for the Fall 2018-19 Program**

Summer Tuition Agreement –

Total Program Cost per Child (9:00—3:00) is \$400.00 -- 10% discount applies to siblings

I agree to pay tuition in full by May 15, realizing that after this date tuition is non-refundable. *****Circle one: Pay by Check or Draft Account**

Parent Signature _____ **Date** _____

For Office Use Only

Date Received or Drafted _____

Registration Fee \$40.00:

Check # _____

Cash _____

Draft _____

Notes:

FAMILY INFORMATION FORM– 2018

MOTHER (or Legal Guardian)

Name _____

Address _____

Apt. # _____ City _____

State _____ Zip _____

Home Phone _____

Cell Phone _____

Email _____

Mother's Employment _____

Work Phone _____

Work Address _____

Work Hours _____

FATHER (or Legal Guardian)

Name _____

Address(if different) _____

Apt. # _____ City _____

State _____ Zip _____

Home Phone _____

Cell Phone _____

Email _____

Father's Employment _____

Work Phone _____

Work Address _____

Work Hours _____

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

****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
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

2018

I hereby agree to and have been given information regarding:

Please initial:

- _____ The program's **Mission Statement and Purpose of Ministry**.
- _____ There will be no reduction in tuition due to weather closings.
- _____ A **Pre-Enrollment Orientation** visit has been completed; **Date of tour:** _____
- _____ Tuition will be deducted by automatic withdrawal from a designated/authorized account or paid in full by check by May 15.
- _____ **The program offers no credits or refunds for 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 **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 _____

Application for Before and/or After Care – Summer-2018

Please complete in full and return. In the event a class is full, your child will be placed on a waiting list.

Child's Name _____ **Sex** _____ **Date of Birth** _____

AGES: 6 mos.—30 mos.

	<u>Days Preferred</u> (choose 1-2 days)	<u>Second Choice</u> (if first choice is not available)	<u>Summer Tuition</u>
<u>Before Care</u> 7:15 – 9:00 AM	<input type="checkbox"/> Tue <input type="checkbox"/> Thurs	<input type="checkbox"/> Tue <input type="checkbox"/> Thurs	2 Days per week...\$65.00
<u>After Care</u> 3:00 – 5:00 PM	<input type="checkbox"/> Tue <input type="checkbox"/> Thurs	<input type="checkbox"/> Tue <input type="checkbox"/> Thurs	2 Days per week....\$90.00

AGES: 31 mos.—6 years

	<u>Days Preferred</u> (choose 1-2 days)	<u>Second Choice</u> (if first choice is not available)	<u>Monthly Tuition</u>
<u>Before Care</u> 7:15 – 9:00 AM	<input type="checkbox"/> Tue <input type="checkbox"/> Thurs	<input type="checkbox"/> Tue <input type="checkbox"/> Thurs	2 Days per week...\$65.00
<u>After Care</u> 3:00 – 5:00 PM	<input type="checkbox"/> Tue <input type="checkbox"/> Thurs	<input type="checkbox"/> Tue <input type="checkbox"/> Thurs	2 Days per week....\$90.00

***** The Summer Before and After Care Program will be offered if the enrollment numbers provide for adequate staffing.**

Debit Authorization

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name Harpeth Heights Baptist Preschool Company ID Number XXXXXXXXXXXXXXXX

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 XXXXXXXXXXXXXXXX

City _____ State _____ Zip XXXXXXX

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 XXXXXXXXXXXX

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.

***** If you have a current "Debit Authorization" form on file, there is no need to complete this information.**

ALLERGIES _____

Registration Fee (\$40) _____

Classroom _____

HARPETH HEIGHTS WEEKDAY PRESCHOOL—SUMMER 2018 REGISTRATION CARD

CHILD'S NAME _____ SEX _____ BIRTHDATE _____

ADDRESS _____

(street & apt.)

(city & zip)

**PARENT EMAIL ADDRESS: _____

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

FATHER'S NAME _____ Hm. _____ Cell _____
(please print) Wk. _____

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 _____