

Age as of 8/1/18 _____

Harpeth Heights Weekday Preschool

8063 Highway 100 * Nashville, TN 37221
615-646-6553 * Fax 615-646-9899 * annette@harpethheights.org

Application for Enrollment – 2018-2019

Please complete in full and return with a non-refundable Registration Fee of \$120. *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"/> Infants (6 mos. - 13 mos.) Age as of Aug. 31, 2017 ☺ 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... \$255.00 3 Days per week .. \$355.00 4 Days per week... \$460.00 5 Days per week... \$560.00 * 10% sibling discount available
<input type="checkbox"/> Toddlers (14 mos.-21 mos.) Age as of Aug. 31, 2017 ☺ 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	Same as above

TWO-YEAR OLDS' PROGRAM

(22 mos. – 35 mos. as of 7/31/18 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"/> 2 day 2-Year-Old Class	Mon Tue Wed Thu Fri	\$255.00
<input type="checkbox"/> 3 day 2-Year-Old Class	Mon Tue Wed Thu Fri	\$355.00
<input type="checkbox"/> 4 day 2-Year-Old Class	Mon Tue Wed Thu Fri	\$460.00
<input type="checkbox"/> 5 day 2-Year-Old Class	Monday through Friday	\$560.00

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"/> 2 day 3-Year-Old Class	Mon Tue Wed Thu Fri	\$255.00
<input type="checkbox"/> 3 day 3-Year-Old Class	Mon Tue Wed Thu Fri	\$355.00
<input type="checkbox"/> 4 day 3-Year-Old Class	Mon Tue Wed Thu Fri	\$460.00
<input type="checkbox"/> 5 day 3-Year-Old Class	Monday through Friday	\$560.00

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"/> 2 day 4 & 5-Year-Old Class	Mon Tue Wed Thu Fri	\$255.00
<input type="checkbox"/> 3 day 4 & 5-Year-Old Class	Mon Tue Wed Thu Fri	\$355.00
<input type="checkbox"/> 4 day 4 & 5-Year-Old Class	Mon Tue Wed Thu Fri	\$460.00
<input type="checkbox"/> 5 day 4 & 5-Year-Old Class	Monday through Friday	\$560.00

**A current immunization form must be submitted with application for all students.
(Delayed schedule for immunizations by personal choice is not accepted by DHS.)

NOTES TO AID IN YOUR CHILD'S PLACEMENT:

FAMILY INFORMATION FORM– 2018-2019

MOTHER (or Legal Guardian)

Name _____

Address _____

Apt. # _____ City _____

State _____ Zip _____

Home Phone _____

Cell Phone _____

Email _____

Mother's Employment _____

Work Phone _____

Work Address _____

FATHER (or Legal Guardian)

Name _____

Address (if different) _____

Apt. # _____ City _____

State _____ Zip _____

Home Phone _____

Cell Phone _____

Email _____

Father's Employment _____

Work Phone _____

Work Address _____

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 _____

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

“PERMISSION TO ADMINISTER MEDICATION” FORMS AVAILABLE IN CLASSROOM OR OFFICE

**Power of Attorney
2018-2019**

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

2018-2019

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 the first week in July 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 – 2018-2019 Application

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

AGES: 6 mos.—30 mos.

	<u>Days Preferred</u> (choose 1-5 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"/> 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 \$28.00 2 Days per week \$51.00 3 Days per week \$74.00 4 Days per week \$97.00 5 Days per week \$120.00
<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 \$36.00 2 Days per week \$67.00 3 Days per week \$98.00 4 Days per week \$129.00 5 Days per week \$160.00

AGES: 31 mos.—6 years

	<u>Days Preferred</u> (choose 1-5 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"/> 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 \$28.00 2 Days per week \$51.00 3 Days per week \$74.00 4 Days per week \$97.00 5 Days per week \$120.00
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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 (\$120) _____

Classroom _____

HARPETH HEIGHTS WEEKDAY PRESCHOOL 2018-2019 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**