

CRIEVE HALL CHURCH OF CHRIST PRESCHOOL  
SUMMER REGISTRATION 2020

4806 TROUSDALE DR. 37220

615.833.5395

FAX 615.515.1299

Welcome to the Crieve Hall Summer Program. **Please fill out the front and back of this form**

The summer program will be Tuesday, June 6<sup>th</sup> - Thursday, July 13<sup>th</sup>. We will be closed on Tuesday, July 4<sup>th</sup> for Independence Day. This will be a six weeklong summer fun program. We will accept children 2 years old through 5 years old going into kindergarten.

6 weeks Tuesday and Thursday: \$400.00

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 6th.**

In the case of absence from school during the summer, please notify the school at 615.833.5395 or through the Brightwheel app. This allows the teacher to prepare for the day. Being absent from school does not reduce tuition.

School starts at 9:30 and car rider line will begin at 9:25 each morning. Please sign your child in on the app Brightwheel each morning and afternoon. We have early class from 8:30-9:25 Tuesday and Thursday. If your child is not picked up at 2:40, your child will be taken to late class and charged. Late class is offered from 2:40-3:30 Tuesday and Thursday. Each time you use early/late class, it is \$10.00 per use (**\$1.00 for each minute after 3:30**).

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, paper, and a blanket. Be sure to label everything your child brings to school. This includes a 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 48 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# \_\_\_\_\_

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Child's name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_