

CRIEVE HALL CHURCH OF CHRIST PRESCHOOL CONTRACT

4806 TROUSDALE DR. NASHVILLE, TN 37220 615.833.5395 FAX# 615.515.1299

Child's name: _____ Child's birthday: _____
Address: _____ Apt # _____ City: _____ Zip: _____
Mom's name: _____ Mom's cell phone: _____
Mom's email address (print): _____
Dad's name: _____ Dad's cell phone: _____
Dad's email address (print): _____
Church attended: _____

15 months by August 15, 2021. Please mark the appropriate group of days for your child.
 Tuesday, Thursday Monday, Wednesday, Friday Monday – Friday (5 days)

2-year-old by August 15, 2021. Please mark the appropriate group of days for your child.
 Tuesday, Thursday Monday, Wednesday, Friday Monday – Friday (5 days)

3-year-old by August 15, 2021. Please mark the appropriate group of days for your child.
 Tuesday, Thursday Monday, Wednesday, Friday Monday – Friday (5 days)

YOUR CHILD MUST BE POTTY TRAINED TO BE IN THE 3-YEAR-OLD CLASS.

4-year-old by August 15, 2021. Please mark the appropriate group of days for your child.
 Tuesday, Thursday Monday, Wednesday, Friday Monday – Friday (5 days)

YOUR CHILD MUST BE POTTY TRAINED TO BE IN THE 4-YEAR-OLD CLASS.

I hereby request the above child be enrolled in the Crieve Hall Preschool/Pre-k program (15 months through 5 years), for the 2021-2022 school year (August – May). Hours of operation are 9:30-2:30 Monday – Friday. A supply fee of \$100.00 includes: snacks, milk, wipes, etc. used throughout the school year. A registration fee of \$75.00 will reserve my child's space in the preschool. **Both fees are non-refundable.**

Tuition for the school year 2021-2022 is as follows:

- Two days a week, per month is \$245.00 (yearly tuition is \$2,450.00)
- Three days a week, per month is \$330.00 (yearly tuition is \$3,300.00)
- Five days a week, per month is \$480.00 (yearly tuition is \$4,800.00)

I understand that the absence of the child from school for part, or all of a month does not reduce the tuition nor does it change the method of payment as outlined above. I further understand that in the event that the child is withdrawn from school, no part of the tuition paid for the month in which the child is withdrawn is to be refunded. I understand when withdrawing my child during the 10-month school year, I will be required to pay tuition for the month following our withdrawal from school. When withdrawing from school please make teacher and administration aware.

By signing this contract, I agree with all of the information in the packet.

Signature of Parents/Guardian _____
Date: _____ Registration paid Check # _____ Pre-visit date _____

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Father's work: _____ Work phone: _____

Mother's work: _____ Work phone: _____

Do you plan on being enrolled in the preschool all year (August – May)? _____

If no, please explain _____

In case of an Emergency, if neither parent can NOT be reached, call:

Name: _____ Phone #: _____

Physician's name: _____

Physician's phone #: _____

Hospital of choice: _____

To insure 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.

We will need a CURRENT Tennessee Child Health Record for your child when he/she starts Preschool. Please bring it in to M&M Days in August. Doctors can fax it to the Preschool at fax # 615.515.1299.

YOUR CHILD CANNOT START SCHOOL UNTIL WE RECEIVE A CURRENT HEALTH FORM FOR OUR RECORDS.

If your child receives more immunizations during the school year, please bring your updated form to the preschool front desk.

Developmental Health History

Are there any medical problems, allergies, or other information we need to know about concerning your child?

_____ Yes _____ No

If yes, please give details:

How severe are the allergies? _____

What health problems has your child had in the past?

Does your child have any health problems now? _____

Does your child take medication on a regular basis? _____

Please list medications: _____

Has your child been hospitalized? _____ If yes, when and why? _____

Does your child have any recurring chronic illness or health problems such as:

____ Asthma ____ Cerebral Palsy ____ developmental delay ____ Diabetes
____ frequent earaches ____ hemophilia ____ Seizure Disorder ____ Other

If medically diagnosed, what is the name of the doctor who diagnosed the illness or health problem

What are your child's sleep habits?

Awake _____ Naptime _____ Bedtime _____

Other children in the family:

Name Birthdate School

Policy

School will begin Monday, August 9th 2021. Your August tuition will be due at M&M Days in August. The monthly tuition is due by the 1st of each month. There will be a \$10.00 late fee added to your bill if payment is not received by the 10th of each month. If tuition becomes more than 30 days delinquent, your child cannot attend the next month. Once your fees are current, your child can return to class. Additional children in the family attending the preschool will receive a 10% discount. Tuition fees remain the same regardless of absentee, sickness, holidays, or snow days.

A supply fee of \$100.00 covers all supplies needed for the school year. A registration fee of \$75.00 is due when registering your child into the program. This holds the place for the child in the program.

Both fees are non-refundable!

If a child has been exposed to a communicable disease, the parents should contact the school. **If your child shows any signs of a cold, fever, vomiting, or diarrhea in the 48 hours previous to the time he is to attend school he/she should be kept home.** This includes skin eruption or contagion of any kind. If a child is brought to school and we feel he is sick you will be called to pick your child up. Please store the preschool phone # in your contacts for this purpose 615.833.5395. We do not administer medicine at school. We are striving to provide as healthy and happy environment as possible. We appreciate your co-operation in keeping our school as healthy as possible.

Please sign your child in and out each day by scanning the QR code given to you at M&M Days. For early/late class we use sign up genius to ensure we have the staffing available. Please make sure to sign your child up no later than the day before attending early/late class. Early class is available from 8:30-9:25 every morning. Late class is available from 2:40 – 3:30 every afternoon. Every time your child uses early and late class it is \$8.00. There will be a late charge of \$1.00 per minute if you are after 3:30 picking up your child. The teachers make appointments after school and this causes them to be late. Please be on time picking up your child.

Parents will be given car rider tags for the rear-view mirror to make drop off and pick up as smooth as possible. Parents are responsible for transportation of their child to and from school. Parents should notify the school whenever the child is to go home with someone else and they must have a car rider tag on their rearview mirror. We are liable when we release a child to anyone whose behavior places the child in danger. If this situation should occur, we would contact any of the people listed on your child's emergency contact sheet. Children must have a car seat in the car per safety precautions.

We try to encourage positive behavior. If the situation occurs when a child needs to be corrected, we use a "time out" chair per the age of the child. If another approach is needed, we send a note home and will phone the parents. Any information on how situations are handled at home are greatly appreciated. Our school policy is no spanking.

Each class will have Holiday celebrations with a class party at snack time. These celebrations will consist of fruit, sweet or salty treat. These small celebrations will be: October – Trick or Treating; December – Book exchange party; February – Valentine exchange; Spring – Easter Egg Hunt.

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Each child needs to bring a backpack LARGE enough to bring home artwork and folder. Be sure to label everything your child brings to school. This includes lunchboxes, blankets, hats, raincoats, mittens, jackets, sweaters, etc. A change of clothes and an extra pair of shoes must be left at school at all times, labeled with the child's name. Please make sure to change the extra clothes per seasons.

We furnish snack, which can be goldfish, animal crackers, 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 pack glass containers.

Snow Days: If it begins snowing during school hours, we will use the brightwheel app to notify parents regarding closing early. We follow Metro snow closing. If Metro closes, we will close. We strive to keep our Crieve Hall Preschool family safe. We have lots of families that drive good distances and ensuring everyone's safety is top priority.

A calendar will be sent home at the beginning of the month to show what activities and topics are covered throughout the month. The brightwheel app is used with our younger classes to let you know how your child's day went. These will keep you informed of what is to occur each day at our school and any special activities.

Whenever you have a problem or question of any kind, please be sure to talk to the child's teacher. Parents and teacher working together will ensure the standards for the child are being met each day they are at CHP.

THANK YOU FOR SHARING YOUR CHILD WITH US HERE AT CHP!!

Parent/Guardian signature

Date

Child Care Waiver of Liability

Child's name

Date of Birth

Parent/Legal Guardian name

Address

City,

Zip

Email (please print)

Driver's License # and state

Emergency contact

Phone #

Allergies

Waiver of Liability, Release, assumption of risk and indemnity agreement notice: This is a legally binding agreement. I understand that by signing this Childcare Waiver of liability, I release and hold harmless CHP and its owners, director, teachers, staff, and all other persons or entities acting for them from any and all claims, demands, suits, cost and charges, in connection with or arising out of CHP, including but not limited to personal injury, bodily harm injury, or property damage occurring while the above child/children is/are in their care at CHP.

I have read and understanding this agreement, and I am aware that by signing this agreement I am waiving legal rights to sue or make collection of moneys from CHP.

Parent/Guardian signature:

Date:

Please fill this out for the teacher to have on file in the classroom.

Thank you!

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Child's name: _____ Birth date: _____

Where do you attend church? _____

Does your child have any allergies? _____

Is your child potty trained? _____

If no, are you planning on potty training soon? _____ When? _____

Does your child eat meals well? _____ Are they light eaters? _____

What is your child's favorite food? _____

Does your child take a nap? _____

If yes, how long does your child nap usually? From _____ to _____

What is your child's favorite toy? _____

What is your child's favorite movie? _____

Is your child frightened by _____ animals _____ rough children _____ loud noise
_____ the dark? _____ storms _____ other

What is the best way to discipline your child (excluding physical punishment) _____

Is there anything else you would like to share about your child to help us get to know them better?
