

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: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
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: \_\_\_\_\_

2-year-old by August 15, 2022. 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, 2022. 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, 2022. 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 (2 years old through 5 years old), for the 2022-2023 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 2022-2023 is as follows:**

- Two days a week, per month is \$265.00 (yearly tuition is \$2,650.00)
- Three days a week, per month is \$360.00 (yearly tuition is \$3,600.00)
- Five days a week, per month is \$520.00 (yearly tuition is \$5,200.00)

**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 I further understand that in the event that the child is withdrawn from school, no part of the tuition paid for the month in which the child is withdrawn is to be refunded.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 \_\_\_\_\_

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 \_\_\_\_\_

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**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.**

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**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:

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How severe are the allergies? \_\_\_\_\_

What health problems has your child had in the past?

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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

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What are your child's sleep habits?

Awake \_\_\_\_\_ Naptime \_\_\_\_\_ Bedtime \_\_\_\_\_

Other children in the family:

| Name  | Birthdate | School |
|-------|-----------|--------|
| _____ | _____     | _____  |
| _____ | _____     | _____  |
| _____ | _____     | _____  |

### Policy

**School will begin Monday, August 8<sup>th</sup> 2022.** Your August tuition will be due at M&M Days in August. The monthly tuition is due by the 1<sup>st</sup> of each month. There will be a \$10.00 late fee added to your bill if payment is not received by the 10<sup>th</sup> 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.

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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.

Each child will be provided with one school bag that will need to be brought to school every day. 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!!

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Parent/Guardian signature

Date

## Child Care Waiver of Liability

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Child's name

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Date of Birth

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Parent/Legal Guardian name

Male

Female

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Address

City,

Zip

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Email (please print)

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Driver's License # and state

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Emergency contact

Phone #

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### 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.

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Parent/Guardian signature:

Date:

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Help us get to know your child. Child's name: \_\_\_\_\_

Birthday: \_\_\_\_\_

**Personal care:**

~ Uses toilet: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength

~ Washes hands: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength

~ Feeds themselves: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength

~ Puts on shoes: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength

~ Pulls up pants after the restroom: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength

**Language:**

~ Uses words to express thoughts and needs: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength

~ Speaks clearly: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength

~ Speaks in complete sentences: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength

**Cognitive Development:**

~ Sustains attention in small groups: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength

~ Sustains attention in large groups: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength

~ Grasps concepts: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength

~ Follow 2-3 step instructions: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength

~ Speaks first name when asked: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength

~ Speaks last name when asked: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength

~ Shares age when asked: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength

~ Can count: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength

~ Can describe what is seen in a picture: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength

~ Responds to yes or no questions: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength

**Physical Development:**

~ Fine Motor control: pull up pants, hold crayon/pencil correctly, uses hands well:

\_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength

~ Gross Motor control: runs, skips, throws balls, uses arms and legs well:

\_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength

**Social and Emotional Development:**

- ~ Listens: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength
- ~ Cooperates: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength
- ~ Relates to peers: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength
- ~ Relates to adults: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength
- ~ Exhibits self-confidence: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength
- ~ Adjust to transitions: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength
- ~ Tolerates frustrations: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength
- ~ Separates from parents: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength
- ~ Shares materials and possessions: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength
- ~ Functions independently: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength
- ~ Asks for help when needed: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength
- ~ Demonstrated self-control: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength
- ~ Accepts when things do not go his or her way: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength
- ~ Difficulty sustaining attention: \_\_\_ area of concern. \_\_\_ age appropriate \_\_\_ area of strength
- ~ Disruptive in class: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength
- ~ Difficulty following directions: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength
- ~ Functions well with distractions: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength
- ~ Works/Plays well with others: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength
- ~ Seeks attention from peers or teachers: \_\_\_ area of concern. \_\_\_ age appropriate \_\_\_ area of strength
- ~ Follows a routine: \_\_\_ area of concern \_\_\_ age appropriate \_\_\_ area of strength

**Comments:**



**Please fill this out for the teacher to have on file in the classroom.  
Thank you!**

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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_