

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, 2024**. 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, 2024**. 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, 2024**. 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 2024-2025 school year (August – May). The hours of operation are 9:30-2:30 Monday – Friday. A supply fee of \$100.00 includes: snacks, 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 2024-2025 is as follows:

- Two days a week, per month is \$275.00 (yearly tuition is \$2,750.00)
- Three days a week, per month is \$370.00 (yearly tuition is \$3,700.00)
- Five days a week, per month is \$535.00 (yearly tuition is \$5,350.00)

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 I further understand that in the event that the child is withdrawn from school, no part of the tuition paid for the month in which the child is withdrawn is to be refunded.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 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 Crieve Hall 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 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. **YOU MUST LIST SOMEONE HERE TO CONTACT INCASE YOU ARE NOT ABLE TO BE REACHED.**

We will need a CURRENT Tennessee Child Health Record for your child when he/she starts Preschool. Doctors' offices can fax it to the Preschool at fax # 615.515.1299 before you begin school in August.

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 12, 2024. 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 before 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 they are 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 an environment as possible. We appreciate your cooperation 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 \$10.00. If you have not arrived by 2:40 to pick up your child, you will be charged for late class. When picking up your child from late class, you **MUST** have your car rider tag with you at the door to ensure safety protocols are being met. There will be a late charge of \$1.00 per minute if you pick up your child after 3:30. The teachers make appointments after school, and this causes them to be late. Please be on time to pick 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 a small 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 must be brought to school every day. If during the school year the school bag is lost or destroyed due to dragging along the ground, a \$10.00 replacement fee will be charged to your Brightwheel account. 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, labeled with the child's name. Please make sure to change the extra clothes per season.

We furnish snacks, which can be goldfish, animal crackers, or crackers. Milk, juice, and water are provided. Please send your child 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 schools close, 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, please talk to the child's teacher. Parents and teachers 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 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:

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:

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- ~ 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?
