

CRIEVE HALL CHURCH OF CHRIST PRESCHOOL
SUMMER REGISTRATION 2021

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 8th – Thursday, July 15th. This will be a six week long summer fun program. We will accept children 15 months through 5 years old going into Kindergarten.

6 weeks Tuesday and Thursday: \$350.00

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 8th.**

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 the tuition.

Please sign your child in by scanning the QR code given to you on the car rider tag. We use sign up genius to ensure we have the staffing available for early/late class. Please make sure to sign up your child the day before using early/late class. Early class is from 8:30-9:25 and late class is from 2:40 – 3:30. Each time you use early/late class, it is \$8.00 per use **(\$1.00 for each minute after 3:30).**

Each day will consist of outdoor play (weather permitting), Bible story, art/crafts activity, and lots of summer fun!!

Each child needs to bring a backpack large enough to bring home artwork, papers and a blanket. Be sure to label everything your child brings to school. This includes 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, 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: _____ 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: _____
