

Application Date: \_\_\_\_\_

Application #: \_\_\_\_\_

**Harpeth Heights Weekday Preschool**

8063 Highway 100 \* Nashville, TN 37221

615-646-6553 \* Fax 615-646-9899 \* [abecker@harpethheightschurch.com](mailto:abecker@harpethheightschurch.com)

**Application for Enrollment – 2020-2021**

Please complete in full and return with a non-refundable Registration Fee of \$130. *In the event a class is full and your child is placed on the Waiting List, the fee will be returned to you.*

Child’s Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Preferred Name/Nickname \_\_\_\_\_  
 \_\_\_\_\_ Returning Student \_\_\_\_\_ Sibling \_\_\_\_\_ Church Member \_\_\_\_\_ New Student

**INFANTS’ – TODDLERS’ PROGRAM**

Class Placement (choose one)	Days Preferred (choose 2-4 days)	Second Choice (if first choice is not available)	Monthly Tuition
<input type="checkbox"/> <b>Infants – Toddler 1</b> <input type="checkbox"/> (6 mos. - 17 mos.) <b>Age as of Aug. 31, 2020</b> ☺ Teacher to Child Ratio 2:6 2:7	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs  <input type="checkbox"/> ANY-PLEASE CALL	2 Days per week \$350.00  4 Days per week \$550.00  * 10% sibling discount available
<input type="checkbox"/> <b>Toddler 2 – Twos</b> <input type="checkbox"/> (18 mos.-35 mos. or 3 & not potty trained) <b>Age as of Aug. 31, 2020</b> ☺ Teacher to Child Ratio 2:8	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs  <input type="checkbox"/> ANY-PLEASE CALL	2 Days per week \$300.00  4 Days per week \$500.00  * 10% sibling discount available

**THREE-FOUR YEAR OLDS’ PROGRAM  
(Must Be Toilet Trained! No pull-ups or diapers!)**

Class Placement (choose one)	Days of Attendance Choose 2 to 4 days	Monthly Tuition *10% sibling discount available
<input type="checkbox"/> <b>2 day</b> 3-Year-Old Class	Mon    Tue    Wed    Thu	\$285.00
<input type="checkbox"/> <b>4 day</b> 3-Year-Old Class	Mon    Tue    Wed    Thu	\$485.00

**PRE-K – FOURS’ & FIVES’ PROGRAM**

Class Placement (choose one)	Days of Attendance Choose 2 to 4 days	Monthly Tuition *10% sibling discount available
<input type="checkbox"/> <b>2 day</b> 4 & 5-Year-Old Class	Mon    Tue    Wed    Thu	\$285.00
<input type="checkbox"/> <b>4 day</b> 4 & 5-Year-Old Class	Mon    Tue    Wed    Thu	\$485.00

\*\*A current immunization form must be submitted with application for all students.  
 (Delayed schedule for immunizations by personal choice is not accepted by DHS.)

**NOTES TO AID IN YOUR CHILD’S PLACEMENT:**

**FAMILY INFORMATION FORM– 2020-2021**

**MOTHER (or Legal Guardian)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Apt. # \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Mother's Employment \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_

**FATHER (or Legal Guardian)**

Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Apt. # \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Father's Employment \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_

**Applicant's parents are:**  Married  Divorced  Separated  Single

**Applicant resides with:**  Both parents  Mother  Father  Other

**SIBLINGS**

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

**FAMILY ETHNICITY:** \_\_\_\_\_

**LANGUAGE SPOKEN AT HOME:** \_\_\_\_\_

**PREVIOUS PRESCHOOL EXPERIENCE**

Has your child previously attended preschool? ( ) Yes ( ) No If so, where? \_\_\_\_\_

**CHURCH MEMBERSHIP**

Are you a member of any church? ( ) Yes ( ) No If so, what church? \_\_\_\_\_

**EMERGENCY INFORMATION**

**Emergency Contact Information**

**\*\*MUST HAVE** a person's name authorized to serve as an emergency contact for your child in the event that you cannot be reached.

\*\*This contact person is allowed to transport my child/children \_\_\_\_\_ Yes \_\_\_\_\_ No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Business \_\_\_\_\_

**Person(s) (other than parents) to whom your child can be released**

**\*\*MUST LIST** person(s) authorized to provide transportation for your child with contact number (can be out of town)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL INFORMATION**

Physician Name \_\_\_\_\_ Office Phone \_\_\_\_\_

My child has the following medical condition \_\_\_\_\_

ALLERGIES \_\_\_\_\_

Does your child require an EPI PEN? \_\_\_\_\_

TREATMENT REQUIRED \_\_\_\_\_

**Hospital of Choice** (In an extreme emergency, the nearest hospital will be used.) \_\_\_\_\_

**“PERMISSION TO ADMINISTER MEDICATION”** FORMS AVAILABLE IN CLASSROOM OR OFFICE

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**Power of Attorney  
2020-2021**

In the event of a medical emergency involving my child, Harpeth Heights Baptist Church has the authority to act on my behalf to the extent necessary and provide consent for medical treatment.

Parent / Guardian Name (please print) \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(Must be signed)

# PARENT SIGNATURE PAGE

2020-2021

I hereby agree to and have been given information regarding. Please initial by each statement:

- \_\_\_\_\_ The program's *Mission Statement and Purpose of Ministry*.
- \_\_\_\_\_ The program will follow *Metro-Davidson County school calendar*, opening August 4 and closing May 25. The program will also follow all Metro-Davidson County schools' emergency and/or weather-related closings. There will be no reduction in tuition due to weather closings.
- \_\_\_\_\_ A *Pre-Enrollment Orientation* visit has been completed.
- \_\_\_\_\_ The program's *Tuition Policies and Procedures* for making payments. Tuition will be deducted by automatic withdrawal from a designated/authorized account on the first of each month, beginning the first week in July of each year.
- \_\_\_\_\_ The program's *Notice to Withdraw* requires a 30-day notice, otherwise payment will be due. **The program offers no credits or refunds for a child's absence for any reason.** Exception - If the program chooses to terminate services a credit may be due depending on the circumstances.
- \_\_\_\_\_ The program's *Sign-In and Out* procedures, and I have been made aware that non-compliance is grounds for termination of services with no refund of tuition.
- \_\_\_\_\_ The program's *Late Pickup Fee* of \$1.00 per minute after 2:00 is due when arriving late, payable to the teacher.
- \_\_\_\_\_ The program's *Arrival Procedures* which require children to be in the classroom by 10:00 a.m., unless teachers have been notified with a reason of medical appointments, evaluations, etc.
- \_\_\_\_\_ The Department of Human Services requires *Healthy Lunches*, including milk, be offered to children at lunch. See handbook for specifics.
- \_\_\_\_\_ The program's *Sick Policy* requiring 24 hours of good health before returning to preschool.
- \_\_\_\_\_ The program's *Child Discipline* policies and procedures which outline steps routinely taken in guiding a child's behavior.
- \_\_\_\_\_ The program's *Biting Policy* which is ultimately handled on a case by case situation.
- \_\_\_\_\_ The program's *Termination of Services* policy stating that we reserve the right to terminate our services without notice in certain extreme situations (child/parent's behavior, nonpayment of tuition, failure to follow procedures, etc.). Please see handbook for specifics.
- \_\_\_\_\_ I understand that if I have a *Grievance* with the preschool and have in good faith tried to work out the situation with the staff and administrator, I have the right to speak with the church administrator. **See Grievance Policy.**
- \_\_\_\_\_ The program's *Risky Behavior* policy which details our responsibilities in denying anyone transportation rights for the child if they appear impaired and unable to drive safely.
- \_\_\_\_\_ The program's *Personal Safety* curriculum which must be offered to children in 3-5 year old classes – typically offered during the second semester. This is a DHS requirement.
- \_\_\_\_\_ The program's *Evacuation Management Procedures* which is required by DHS. Please see handbook for specifics.
- \_\_\_\_\_ I have received the *Tennessee DHS Summary of Licensing Requirements for Child Care Centers* located in the Parent Handbook. I understand that the full licensing requirements booklet is available on the front desk in the preschool foyer and/or in preschool office.
- \_\_\_\_\_ I have received the *Influenza Information Notification Form* from the State of Tennessee, Department of Human Services. I understand the importance of immunizing children against this virus.

## PARENT SIGNATURE REQUIRED

I have read the above guidelines as well as the Parent Handbook and agree to all terms as stated. I further understand, that should the need arise; I will receive in writing any changes to policies and procedures before they go into effect.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

ALLERGIES \_\_\_\_\_ REGISTRATION FEE (\$130) \_\_\_\_\_ CLASSROOM \_\_\_\_\_

**HARPETH HEIGHTS WEEKDAY PRESCHOOL 2020-2021 REGISTRATION CARD**

CHILD'S NAME \_\_\_\_\_ SEX \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(street & apt.) (city & zip)

MOTHER'S NAME \_\_\_\_\_ PHONE NUMBERS: Hm. \_\_\_\_\_ Cell \_\_\_\_\_  
(please print) Wk. \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ Hm. \_\_\_\_\_ Cell \_\_\_\_\_  
(please print) Wk. \_\_\_\_\_

**\*Parent Email Address:** \_\_\_\_\_

**EMERGENCY AND TRANSPORTATION INFORMATION**

*I authorize the following persons to pick up my child from Harpeth Heights Preschool in my absence:*

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_  
2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ I have received, read and agree to all policies and procedures outlined in the Parent Handbook.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW. OFFICE USE ONLY**

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday

**Registration forms and the registration card must be brought to Harpeth Heights Weekday Preschool with the \$130.00 registration fee in order to be accepted. We cannot accept these documents by fax, email or mail.**