

Red Bank United Methodist Church Preschool
3800 Dayton Blvd
Chattanooga, TN
423-877-2881

Registration Form for the _____ school year.

Child's Name: _____ Known As: _____

Date of Birth: _____ Age: _____ Male () Female ()

Home Address: _____

City: _____ State: _____ Zip: _____

Mother's Name: _____ Occupation: _____

Address (If different from child): _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Employer Name: _____ Job Title: _____

Father's Name: _____ Occupation: _____

Address (If different from child): _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Employer Name: _____ Job Title: _____

Parent/Guardian Marital Status: () Married () Single () Widow(er) () Separated* () Divorced* ()

*If Divorced/Separated, who has legal custody of child? _____

*May non-custodial parent pick up the child? () Yes () No () Other/Details: _____

If non-custodial parent MAY NOT pick up child, documentation from the court is required for our files.

Child's Living Arrangements: () Both Parents () Mother () Father () Other: _____

Other people in household (indicate relationship: i.e., brother, grandmother, etc.)

Name

Relationship

Age

Child may be released to the person(s) signing this application or to the following: *we will check the name/address with a picture ID of the person that the child may be released to.

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt Phone: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt Phone: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt Phone: _____

Persons to contact in the case of an emergency when parents/guardians cannot be reached:

Name/Relationship to Child

Phone Number

1. _____

2. _____

3. _____

Emergency Transportation Authorization: In the event of an emergency I give the Red Bank UMC Preschool Staff and local EMS my permission to evacuate or transport my child from the property of Red Bank UMC Preschool.

Parent Signature: _____ Date: _____

Special Instructions: _____

Child's Medical and Health Information

Child's Primary Physician/Pediatrician: _____

Address: _____

Phone#: _____ Alt. Phone#: _____

Child's Preferred Hospital: _____

My child has the following special needs: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

Socialization Skills:

Shy _____ Stubborn _____ Unusual Fears _____ Bites _____ Hits _____

Immunization Record: Complete _____ Incomplete _____

COPY OF IMMUNIZATION RECORDS MUST BE PROVIDED TO THE OFFICE BY THE 1ST DAY OF SCHOOL.

Emergency Medical Authorization

I hereby authorize Red Bank UMC Preschool staff to contact me immediately at (phone#) _____ should my child: _____

D.O.B. _____ become ill, injured, or has an emergency while my child is in their care. In the event the parents (legal guardians) cannot be reached, the Preschool Staff shall be authorized to secure and consent to such medical attention, treatment and services for my child as deemed necessary. Any qualified person providing such required medical attention, treatment, or services may accept my consent as if given by me in person. I agree to assume all responsibility for payment of all medical cost

incurred and will not hold Red Bank UMC Preschool, its pastors, employees, agents, and volunteer workers responsible or liable for any emergency, mishap, accident, or illness that may occur while my child is in their care. I also release Red Bank UMC Preschool, its pastors, employees, agents, and volunteer workers of any and all liability in connection to the authorization of medical treatment.

Parent Signature: _____ Date: _____

Permission for Photographs

() I DO () I DO NOT give my permission for my child to be photographed within the Red Bank UMC Preschool.

() I DO () I DO NOT give my permission for pictures to be taken for use outside the Red Bank UMC Preschool. I understand this may include church publications and other forms of media.

Parent Signature: _____ Date: _____

Permission to send text alerts/reminders

In the event of center messages or an emergency school closing we will send a message to everyone enrolled. Please list name and number to be entered for future messages.

Name: _____ Phone#: _____

Name: _____ Phone#: _____

Red Bank United Methodist Church Preschool Parent/Center Contract

The following conditions involved in the care of _____
(Child's Name) are understood and agreed upon between Red Bank UMC Preschool and
_____ (Parent/Guardian).

The center agrees that:

1. In return for the sum, which the parent agrees to pay, the school will provide care to the above-named child for the number of days per week selected below.
2. If a child shows symptoms of contagious disease or illnesses, they will not be admitted for the day.
3. The school will exercise reasonable care and judgment in all matters related to the welfare and safety of the child.
4. In case of an accident or illness to the child, the staff will promptly take such reasonable measures as are, in her judgment, in the best interest of the child, and will notify the parents as soon as possible.
5. The center will provide physical care, as well as emotional, social, and mental development opportunities in a group situation.
6. The center will give notice to parents in the event of any exposure to a contagious disease within the group.
7. The center will not release the child to anyone other than the parent or guardian without written permission from the parent.
8. The center will provide toys and equipment in sufficient quantity to allow for a variety of play and learning activities during the day.

The parent agrees that:

1. The parent will cooperate with the school, seeing that their child is in a good state of health every day that he/she attends school. The parent will keep him/her home if there are any symptoms of illness. The parent will report date of exposure to contagious diseases.
2. The parent agrees to send their child to school regularly except when the child is ill or when unusual or difficult circumstances make it desirable for him/her to be absent.
3. The parent grants the teacher the right to exercise mild disciplinary measures for the well-being of all the children (i.e. redirect focus on something positive, time-out).
4. The parent will pay the fees as follows (Please check the program your child will be attending):

Full-time Care

- ___ Infants: \$200 per Week
\$50 Registration Fee due at time of application (One-time Fee)
\$25 Supply fee per each Semester {1st Semester fee due August, 2nd Semester Due January)

- ___ Ones: \$170 per Week
\$50 Registration Fee due at time of application (One-time Fee)
\$25 Supply fee per each Semester {1st Semester fee due August, 2nd Semester Due January)

- ___ Twos: \$160 per Week
\$50 Registration Fee due at time of application (One-time Fee)
\$25 Supply fee per each Semester {1st Semester fee due August, 2nd Semester Due January)

- ___ Threes & Fours: \$130 per Week
\$50 Registration Fee due at time of application (One-time Fee)
\$25 Supply fee per each Semester {1st Semester fee due August, 2nd Semester Due January)

Part-time Care

- ___ 2 days/week- (Tuesdays and Thursdays)
\$175 per Month. (Infants \$200 per month)
\$50 Registration Fee due at time of application (One-time Fee)
\$25 Supply fee per each Semester {1st Semester fee due August, 2nd Semester Due January)

- ___ 3 days/week- (Mondays, Wednesdays, and Fridays)
\$240 per Month. (Infants \$265 per month)
\$50 Registration Fee due at time of application (One-time Fee)
\$25 Supply fee per each Semester {1st Semester fee due August, 2nd Semester Due January)

- ___ 5 days/week- (Monday through Friday)
\$375 per Month. (Infants \$400 per month)
\$50 Registration Fee due at time of application (One-time Fee)
\$25 Supply fee per each Semester {1st Semester fee due August, 2nd Semester Due January)

**Parents agree that tuition is due in advance on the FIRST of each month.
\$25 late fee will be applied if paid after the 10th,
And that all fees are non-refundable.**

Part-time Care hours are 9:00 am - 2:00 pm

Full-time Center hours are 6:30 am - 6:00 pm

In all emergencies, the school has permission to take such reasonable measures as are, in the judgment of the staff, necessary to the welfare and safety of the child.

- 5. The center reserves the privilege of dismissing any child if, after entering, he/she seems unable to participate in group activities.
- 6. Liability for the acts of the child while he/she is under the care of the school is the parent's responsibility.
- 7. The school is not liable for accidents or illnesses occurring to the child while he/she is in its care, unless it can be proved that the accident or illness was the direct result of the staff's negligence.
- 8. The parent will give two weeks' notice if the child is to be withdrawn from the program. Tuition MUST be paid for that two weeks.**

Both parties agree that:

- 1. This agreement is a contract binding both the center and the parent.
- 2. This contract may be terminated by either party upon notification of intention at least two weeks in advance or at the time by mutual agreement of both parties.

(Signature of Parent or Guardian)

(Date)

(Signature of Parent of Guardian)

(Date)

(Signature of Center Director)

(Date)

OFFICE USE ONLY

Date registration received: _____ Entrance Date: _____

Registration amount: _____ Class: _____

Date paid: _____ Check number/cash: _____