



# Christ Children's Academy Preschool & Daycare

500 Saturn Pkwy  
Spring Hill, TN 37174  
931-486-1116  
www.christchildrensacademy.com

## ENROLLMENT REGISTRATION INFORMATION

### CHILD INFORMATION

Full Name:		Nickname:	
Age:	Date of Birth:	Sex:	M      F
Child's home address:			
City:	State:	ZIP:	
Parent address, if different:			
City:	State:	ZIP:	
Child's Primary Language:	Parent's Primary Language:		
Parent/Guardian Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Primary Residence: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian	
List the family members your child lives with. Include names and ages of siblings:			
Days to Attend: <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THUR <input type="checkbox"/> FRI		Arrival Time: _____ Departure Time: _____	

### SCHOOL-AGE INFORMATION

Name of school:	Grade:
School-age only: <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Both	

### PRIMARY CONTACT AND RELEASE PERSONS

Parent Guardian #1:	Relation to child:	
Address:		
City:	State:	ZIP Code:
Cell Phone:	Home Phone:	
Email address:		
Employer:	Employer's Address:	
Work Phone:	Work Hours:	
Parent Guardian #2:	Relation to child:	
Address:		
City:	State:	ZIP Code:
Cell Phone:	Home Phone:	
Email address:		
Employer:	Employer's Address:	
Work Phone:	Work Hours:	

X Parent/Guardian Signature:

Date:

Parent Updates: (must be updated every January)

Parent Update: \_\_\_\_\_ (parent sign) \_\_\_\_\_ (date)

Parent Update: \_\_\_\_\_ (parent sign) \_\_\_\_\_ (date)

Parent Update: \_\_\_\_\_ (parent sign) \_\_\_\_\_ (date)



**ENROLLMENT REGISTRATION INFORMATION**

**EMERGENCY CONTACT INFORMATION**

CHILD'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

In addition to the primary contacts listed on page 1, please list other person(s) we may contact (in order of priority). In case of emergency, if *you\**, (*primary contacts #1 and #2\**) cannot be reached, the people listed here will be contacted. Please indicate, by checking the appropriate box, if the person is to be "Emergency Contact and Release" or "Release Only." For the safety of your child, all authorized persons with whom staff is not familiar will be required to provide a government-issued photo id at the time of pick-up. STAFF MUST BE NOTIFIED IN ADVANCE, IN WRITING IF YOU WANT TO ALLOW A PERSON NOT LISTED BELOW TO PICK UP YOUR CHILD. IF YOU CALL-IN AN AUTORIZATION, INFORMATION FROM YOUR REGISTRATION PACKET WILL BE USED TO VERIFY YOUR IDENTITY.

**REQUIRED**

<input type="checkbox"/> Emergency Contact & Release <input type="checkbox"/> Release Only	Name #1:	Relation to child:
Address:		
City:	State:	ZIP Code:
Cell Phone:	Home Phone:	
Employer:	Employer's Address:	
Work Phone:	Work Hours:	

**OPTIONAL**

<input type="checkbox"/> Emergency Contact & Release <input type="checkbox"/> Release Only	Name #2:	Relation to child:
Address:		
City:	State:	ZIP Code:
Cell Phone:	Home Phone:	
Employer:	Employer's Address:	
Work Phone:	Work Hours:	

**OPTIONAL**

<input type="checkbox"/> Emergency Contact & Release <input type="checkbox"/> Release Only	Name #2:	Relation to child:
Address:		
City:	State:	ZIP Code:
Cell Phone:	Home Phone:	
Employer:	Employer's Address:	
Work Phone:	Work Hours:	

<input checked="" type="checkbox"/> Parent/Guardian Signature:	Date:
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**ENROLLMENT REGISTRATION INFORMATION**

**ENROLLMENT CHECKLIST**

**TO BE COMPLETED BY CCA STAFF BEFORE CHILD'S FIRST DAY.**

CHILD'S NAME \_\_\_\_\_ DATE: \_\_\_\_\_

Please review the entire Enrollment Registration Information packet and Family Handbook with each family. Be sure that all forms are filled out completely with appropriate signatures. Review the child's health record and Immunizations for State compliance to ensure the physician has stamped/signed it and has filled in all the necessary dates.

**OBTAIN SIGNED FORMS FROM FAMILY**

- Completed Enrollment Registration Information Packet
- Family Handbook Acknowledgement
- Child Information Card (if applicable)
- Other State or Federal required forms: \_\_\_\_\_

**REVIEW WITH FAMILY**

- |   |  |
|---|--|
| <input type="checkbox"/> The child's first day                              | <input type="checkbox"/> Child guidance and classroom management (discipline policy)                     |
| <input type="checkbox"/> Tuition payment schedule, amounts and due dates    | <input type="checkbox"/> Process and Procedures of Security Access                                       |
| <input type="checkbox"/> Child Custody Documents (if applicable)            | <input type="checkbox"/> Parent conferences and other communications, what to expect daily and/or weekly |
| <input type="checkbox"/> Clothing and other items to bring (labeled)        | <input type="checkbox"/> Authorized pickup, late pickup policy and emergency controls                    |
| <input type="checkbox"/> Immunization/Health information                    | <input type="checkbox"/> Annual registration fee   |
| <input type="checkbox"/> Any pickup restrictions                            | <input type="checkbox"/> Any field trip restrictions   |
| <input type="checkbox"/> Any photo restrictions                             | <input type="checkbox"/> Relevant curriculum features for child's age group                              |
| <input type="checkbox"/> Late fees  | <input type="checkbox"/> Vacation policy   |
| <input type="checkbox"/> Special needs                                      | <input type="checkbox"/> Absenteeism policy  |
| <input type="checkbox"/> Sick policy  | <input type="checkbox"/> Meals   |
| <input type="checkbox"/> Allergies  | <input type="checkbox"/> Security deposit (if applicable)  |
| <input type="checkbox"/> Medication policy                                  | <input type="checkbox"/> Review Disaster Plans   |
| <input type="checkbox"/> Infant/Toddler Needs Services Plan (if applicable) |  |

The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of Christ Children's Academy policies.

**X Name of Parent/Guardian Signature:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Director: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



ENROLLMENT REGISTRATION INFORMATION

HEALTH INFORMATION

CHILD'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Distinguishing Marks: \_\_\_\_\_

1. Medication that will be administered regularly at the school:

\_\_\_\_\_  
\_\_\_\_\_

2. Special Dietary Needs:

\_\_\_\_\_

3. Is your child able to walk?  Yes  No Explain:

\_\_\_\_\_

4. Can your child effectively communicate his or her needs?  Yes  No Explain:

\_\_\_\_\_

5. Is your child toilet trained?  Yes  No

Please provide special instructions concerning any other illnesses, as necessary:

\_\_\_\_\_

Allergies (please check and list all that apply)

Medications Reaction: \_\_\_\_\_

Food Reaction: \_\_\_\_\_

Other: \_\_\_\_\_ Reaction: \_\_\_\_\_

Are any of the allergies severe or life-threatening?  Yes  No If yes, please provide special instructions:

\_\_\_\_\_  
\_\_\_\_\_

Per state regulations, a written statement is required for waiver of immunization requirements.

**X** Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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ENROLLMENT REGISTRATION INFORMATION

MEDICAL INFORMATION

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR TREATMENT OF A MINOR CHILD**

In the event of a medical issue requiring a physician's care, would you like us to call your family physician? Yes \_\_\_\_ No \_\_\_\_

If yes, please provide the following information:

Physician's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I (we) \_\_\_\_\_ and \_\_\_\_\_, do hereby state that I am (we are) parent(s)/legal guardian(s) of \_\_\_\_\_, a minor child age \_\_\_\_\_, born on \_\_\_\_\_, who resides with me (us) at \_\_\_\_\_.

I (we), \_\_\_\_\_ authorize, for emergency purposes only, a school-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of \_\_\_\_\_.

Preferred Hospital/Clinic for Acute Care and Emergency Care: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Practice/Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Provider and Policy Number: \_\_\_\_\_

Secondary Health Insurance Provider and Policy Number: \_\_\_\_\_

Last Tetanus/Diphtheria Booster: \_\_\_\_\_ Allergies to drugs, food, drugs or other: \_\_\_\_\_

Please list any special medications or pertinent information: \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_

**Appeared before me and produced \_\_\_\_\_ as identification. Date:** \_\_\_\_\_

**Director Signature:** \_\_\_\_\_ **Print name:** \_\_\_\_\_

**I (we) also authorize the school to evacuate in case of emergency. I understand that the evacuation site is posted in the school and listed in the Family Handbook.**

**AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIPS**

The school may plan carefully arranged, supervised special trips for the children away from the school that do not require bus transportation. You will be notified in advance of all trips. These include children taking walks and infants strolling in their buggy.

I give the school the permission to take my child on these field trips.

**X Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PARENTS/GUARDIANS OF CHILDREN AGES 4 YEARS OLD AND OLDER ONLY I give the school the permission to transport my child for the purposes of field trips that require bus transportation and/or transportation to/from his/her local school. By signing below, I affirm that my child is at least 4 years old and 40 pounds or more.

**X Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

*You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.*

1. What would you like most for your child to experience with us? \_\_\_\_\_

2. What does your child enjoy doing the most? \_\_\_\_\_

3. What are your child's favorite toys? \_\_\_\_\_

4. With whom does the child reside? Please list names and relationships to child, and names and ages of other children:

ADULTS:

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

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

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

CHILDREN:

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

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

5. Who else takes care of your child(ren)? \_\_\_\_\_

6. What language is spoken in your home? \_\_\_\_\_

7. What are the foods your child likes best?  
Least? \_\_\_\_\_

8. What are your child's mealtime routines at home? \_\_\_\_\_

9. How many hours of sleep does your child receive at night? \_\_\_\_\_

10. Does your child need to be awakened in the morning to attend the school? \_\_\_\_\_

11. What is your child's sleeping arrangement? Check appropriate answer.  Own room  Shares room with \_\_\_\_\_

Sleeps in crib  Sleeps in bed

12. What are your child's bedtime rituals? \_\_\_\_\_

13. Does your child take naps?  Yes  No How long? \_\_\_\_\_

14. Does your child need a favorite item (such as a blanket) for a nap?  Yes  No

If so, does your child have a special name for it? \_\_\_\_\_

15. What words are spoken in your house for toileting? \_\_\_\_\_

16. How does your child express anger or react to frustration? \_\_\_\_\_

17. Does your child have any particular fears? \_\_\_\_\_

18. How does your child react to change (such as being left by parents)? \_\_\_\_\_

19. How does your child comfort himself/herself? \_\_\_\_\_

20. What are your child's play interests (preference for creative, dramatic or construction play)? \_\_\_\_\_

21. How do you discipline your child? \_\_\_\_\_

22. When did your child begin to use language? \_\_\_\_\_

23. How would you describe your child (personality characteristics)? \_\_\_\_\_

24. What do you enjoy the most about your child? \_\_\_\_\_

25. Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs?  
\_\_\_\_\_  
\_\_\_\_\_

26. Has your child had previous preschool experiences? \_\_\_\_\_

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

PARENT  
INITIALS

## SECTION 1: FEES &amp; PAYMENTS

**REGISTRATION FEE:** I understand that an annual, non-refundable, Registration Fee of \$\_\_\_\_\_ shall be paid in advance to enroll my child. I understand that I may guarantee my child's enrollment for Fall by paying this fee no later than \_\_\_\_\_ each year. In instances of agency reimbursement, the Registration Fee is to be paid according to the applicable contract.

**TUITION and MODIFICATIONS CONDITIONS:** \$\_\_\_\_\_ per week is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require. The school follows state specific required time frames on tuition and modifications notices. I have enrolled my child in the following program(s):\_\_\_\_\_ Days:  M  T  W  TH  F From \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

**PAYMENT OF FEES:** I understand that fees are due and payable, on the first day of attendance each week. Appropriate alternate fees must be paid during school breaks.

**CHARGES & PROCEDURES FOR LATE PICK-UP:** My school is open from \_\_\_\_\_ am to \_\_\_\_\_ pm, Monday through Friday all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$15 per every 15 minutes or portion of fifteen-minute period, per child, until the child is picked up.

**ADDITIONAL FEES:** School age camp will be open during the summer months and during scheduled school breaks according to the local public school calendar. Summer Camp children and children attending during scheduled school breaks may pay a separate Activity Fee for attendance. All other age groups may be subject to Activity Fees as well. In instances of agency reimbursement, Activity Fees may be my responsibility. Please consult the Director for details.

**DISCOUNTS:** I understand that if I have more than one child enrolled and attending from my immediate family, a \_\_\_\_\_% discount from the usual tuition fee is offered to me and is applied to the child(ren) with the lowest tuition rate(s). These discounts are only available to those accounts when full tuition is paid in advance. Discounts are not applicable on any fees or services, Agency Co-Pays, or special program promotions and cannot be combined with any other discount or promotion.

**RETURNED CHECKS:** I understand that a processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six-month period, I will be required to pay by an alternate method of payment for the next six-month period. If my school uses Telecheck, I am authorizing the payee, or its agent, upon receipt of my check, to convert the check to an electronic payment item or draft and to submit it for payment as an ACH debit entry or draft to my account, in accordance with the same terms and conditions as my check. In the event that my check is returned for non-payment, Telecheck will make up to two additional electronic collection attempts and, if needed, by paper draft thereafter. The maximum fee allowed by state law will be charged for all returned checks. I am responsible for the principal amount plus all returned check fees.

## SECTION 2: DAILY PROCEDURES

**DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the school's attendance procedure. If I neglect to do so, I may be charged a maximum fee of \$5.00 per missed sign-in or sign-out. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day. In states where a manual signature is required due to state child care licensing regulations, I agree to complete the required computer and manual sign-in and sign-out procedures.

**ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-admission Criteria in the Family Handbook.

**MEDIA RELEASE:** The company, its agents, affiliates, and licensees,  may  may not use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose.

**PHOTOGRAPHS, VIDEOS AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

PARENT  
INITIALS

**INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same without prior notice or consent by myself of the school.

**WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

## SECTION 3: HOLIDAYS, ABSENCES AND CLOSINGS

**HOLIDAYS:** I understand that the school is closed on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the day after, Christmas Eve and Day, New Year's Eve, New Year's Day, as well as either Martin Luther King, Jr. Day or President's Day for in-service training. I agree that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

**ABSENCES/VACATIONS:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness). A reservation fee of 50% off my regular week's tuition will be due for each absence of one full school week (Monday through Friday) with advance notice to the Director, if possible. I agree to pay the reservation fee of \$\_\_\_\_\_ per week to guarantee my child's space when my child is not in attendance for an entire school week (Monday through Friday). My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days. I also understand that if I withdraw my child during a vacation, I will be required to pay a new non-refundable registration fee upon return.

**EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is the company's intention to be open and provide childcare service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three business days.

## SECTION 4: STATE LICENSING AND OUR POLICIES

**ALL POLICIES & STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that state child-care regulations, the Family Handbook, and all other company policies, which may be modified at any time, without notice, bind my child, my family members, authorized agents and me. I also understand that the child-care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all Policies and state regulations.

**FAMILY HANDBOOK:** I have received a copy of the Family Handbook. I have read and understand its contents and policies and agree to be bound by same.

**NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified or deleted by any person except in cases of policy change or rate change to which both the Director and I must initial. Any alterations, revisions, modifications or deletions of any term of this Agreement are null and void.

**We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided thereunder, is available from the Director. These policies have been reviewed with me by school management. I understand and will comply with the policies included in the Enrollment Agreement and Family Handbook. The policies in this contract will supersede all other previous documents.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_