



Registration Guidelines

Attached is the registration form for the school year. Please read over everything carefully. Space is provided on a first come/ first served basis. Incomplete registrations will not be accepted and space will not be held unless all required documentation is received. The following is a list of requirements for a registration to be considered complete.

1. Non-refundable check for registration fee of \$100 - (\$25 discount for every child after the first with a family fee not to exceed \$250)

If your child is put on a waiting list, the registration fee will be due at time of an opening.

2. Completed registration forms - Forms with any blank spaces will not be accepted. Please make sure that your forms include the following:

Registration Form (Pg 1-2)

Liability Release (Pg 3)

State Information & Financial Obligations (Pg 4)

Medical Release, Emergency Authorization (Pg 5)

Photo Waivers (Pg 6)

Illness Policy (Pg 7)

Either: Snack Notice Request OR Snack Release Form (Pg 8)

Safe Release/Safety Checked letter (Pg 9)

Authorized list for pick up (pg 10) including Mother and Father

3. Signatures in all appropriate blank locations.

4. You are required to bring a shot record and evidence of good health exam on first day of attendance.

5. After completion of all documents, please mail to the following address or drop them by the church office. For more info: 615-758-7238

Green Hill Church PDO
13251 Lebanon Rd.
Mt. Juliet, TN 37122

Att. Pat Johnson, PDO Director



PDO Registration Form – Tues/Thurs – August - May

All PDO classes are 2 day classes 9:00 am to 2:00 pm Tuesday/Thursday only.

Please check the age appropriate class:

- ONES** – (Must turn 12 mos. by August 30)
- TODDLERS**– (Must turn 18mos. by August 30)
- TWOS** – (Must turn 2 by August 30)
- THREES**– (Must turn 3 by August 30 – Must be completely potty trained)
- FOURS** – (Must turn 4 by August 30)

Child's Current Age _____ Birth Date ____ / ____ / ____ Child's Sex M F

Child's Name: _____

Child's Preferred Name to be called (if other than Given Name): _____

Mother/Guardian:

Name _____ Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work Phone _____

E-Mail Address _____

I want to be placed on the GHC preschool email list to receive monthly newsletters. _____

Mother's Employment _____

Father:

Name _____ Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work Phone _____

E-Mail Address _____

I want to be placed on the GHC preschool email list to receive monthly newsletters. _____

Father's Employment _____

Emergency Contacts: [Must provide even if located out of state or country]

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Child's Doctor _____ Phone _____

Hospital Choice _____

In the event of an **emergency**, may we take your child to the doctor or hospital listed above? Yes _____ No _____

Does your child have special needs regarding health or allergies? _____ If yes, please list needs or allergies below:

List any characteristics of your child that would be helpful to caregivers:

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Names & ages of other children in family:

Church affiliation _____ How did you learn about us? _____

Is this your child's first school experience? _____

Is child potty-trained? _____

POLICY: All children enrolled in 3 year old classes must be potty trained by August 30th. This includes the ability to take care of their toileting needs, except for help with buttons or snaps on clothing as needed. We understand that from time to time an accident can happen, but this should be the exception, not the norm.

I have read and understand the potty-training policy:

Parent/Guardian

Signature _____ **Date** _____

The **Non-Refundable Registration Fee \$100** is payable at the time a completed registration is submitted. **Monthly Tuition: \$150 per month for 2 days per week**

Conditions of Enrollment:

All tuition must be paid monthly by the 10th of each month in order to avoid a late fee, unless alternative arrangements have been made with the Office. Tuition is considered late on the 10th of each month and a \$15 Late Fee applies.

Parent/Guardian

Signature _____ **Date** _____

Green Hill Church Parent's Day Out * 13251 Lebanon Rd. * Mt. Juliet, TN 37122 * Phone: 615-758-7238 *

For Office Use Only:

Date Received: _____ Check No. _____ Amount: _____

Class: _____ Start: _____

Notes:

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LIABILITY RELEASE FILLED OUT BY PARENT OR GUARDIAN

In consideration for being accepted by Green Hill Church for participation in the Preschool Parent's Day Out Program, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Green Hill Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described program and activities.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and program activities involved therein.

Further, authorization and permission is given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years): We (I) are (am) the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said program, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, and assume the responsibility of all medical bills, if any.

RELEASE OF ALL CLAIMS:

Name of Child Participant:

Parent(s)/Guardian(s) Names

Phone Number(s): _____

In case of emergency, contact: Insurance Company:

Policy Number: _____

Physician's Name: _____ Phone

Allergies: _____

Is child presently on medication? Yes _____ No _____ If yes, list medications:

Please list any other medical conditions that we need to be aware of:

Parent /Guardian

Signature _____ Date: _____

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State Information & Financial Obligations

Child's Name: _____

[Please read each section carefully. Sign and date where applicable.

Your registration will not be valid until these forms are signed or initialed where requested.]

The State of Tennessee Code 71-3-503 (2012) requires us to inform and bring to the attention of parents or child guardians that our Parent's Day Out program is not required to be licensed by the State as a child care center and is therefore exempt from State licensing rules.

I have been informed and understand that Green Hill Church Parent's Day Out program is not licensed by and is not required to be licensed by the State of Tennessee Child Care Agency.

Parent/Guardian

Signature: _____ **Date** _____

Tuition is due beginning the 1st day of each month and no later than the 10th day. It will be considered late beginning the 11th day of each month and a \$15 late fee will be added. If your child is absent during the week tuition is due, you must make arrangements with the Director or Office to avoid late fees. Failure to pay tuition by the 20th of the current month could result in forfeiture of your child's spot within the program. In addition, there is a \$35 NSF Bank fee charged on all checks returned for insufficient funds or stopped payment.

The registration fee is non-refundable including in the event of relocation. All withdrawals require a 30-Day **written** notice on the proper form and shall be considered effective when such notice is delivered to the PDO office. Parents/guardians are responsible for 30 days tuition from the date the office receives the withdrawal form and payment must accompany the withdrawal notice. If you withdraw for travel purposes and you wish your child to be reinstated upon return you must check with the office for availability. There is a \$75 reinstatement fee. Tuition is charged from August through May on the basis of the entire school year and billed in equal monthly payments; therefore, no reductions can be made for vacations, school holidays or days missed due to weather conditions. The PDO program will follow the Wilson County School Schedule. Reductions cannot be made to tuition for absences during the school year. If a student enters the program after the school year has begun, first month charges are prorated according to the actual number of days enrolled.

I/We agree to uphold the financial obligations as stated above. We also agree to follow the guidelines and regulations as stated in the Parent Manual.

Parent/Guardian

Signature: _____ **Date** _____

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MEDICAL RELEASE / Emergency Authorization

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of PDO.

I hereby grant permission for the teacher or director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact the child's parent or guardian through any of the persons listed on any part of the application.
4. If we are unable to contact you or your child's physician, we will do any or all of the following:
 - a. Call another physician or paramedic.
 - b. Call an ambulance.
 - c. Have the child taken to an emergency hospital in the company of a staff member.

Further to the above, in securing emergency medical care, I hereby give permission for Green Hill Church Parent's Day Out to otherwise act on my behalf when I cannot be reached and/or when delay would be dangerous, in order to protect my child, in case of illness or accident, including the administration of anesthesia if surgery is advised by a hospital physician.

Any expenses incurred under #4 above will be the responsibility of the child's family. The school will not be responsible for anything that may happen as a result of false information given on this application or at the time of enrollment.

Signature of Mother:

**Signature of
Father:**

Date: _____

Child's Name;

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Photo Waivers

1. Periodically, GREEN HILL CHURCH PARENT'S DAY OUT would like to use photos of the children for our Web Page or Printed Materials. Please sign the waiver and indicate if you do or do not authorize us to use your child's image for **promotional** purposes.

I hereby: Grant Do NOT Grant

GREEN HILL CHURCH PDO and GREEN HILL CHURCH full rights to copyright, exhibit, and publish photographs taken of my child by the **GREEN HILL CHURCH PDO** and **GREEN HILL CHURCH**, or other news type agencies for use in promotional medium.

2. **I hereby:** Grant Do NOT Grant

GREEN HILL CHURCH PDO and GREEN HILL CHURCH permission to let my child be shown on film or in print by local media for use as a special interest story while in attendance at a special presentation to the Parent's Day Out children.

3. Some times during the year, we may assemble photos of our classes in slide show format for use solely during a scheduled parent program. The photos are not used for any other purpose beyond that limited time period.

I hereby: Grant Do NOT Grant

GREEN HILL CHURCH PDO and GREEN HILL CHURCH permission to use my child's photo for slide show purposes solely during a scheduled parent program.

Printed Name of Child _____

Parent/Guardian Signature _____

Date _____

Green Hill Church Parent's Day Out * 13251 Lebanon Rd. * Mt. Juliet, TN 37122 * Phone: 615-758-7238 *

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Illness Policy

For the protection of our children and teachers' health, we ask that you keep your child home if he or she displays any of the following:

- Nasal discharge that is heavy enough to require frequent wiping, especially if accompanied by sneezing and/or coughing (colds are most commonly spread by air droplets from sneezing and coughing).
- Cough that is wet or persistent enough to limit his/her activity, especially if accompanied by other symptoms (runny nose, sneezing, etc.).
- Temperature of 99 degrees or greater within the past 24 hours.
- Vomiting one or more times in the previous 24 hours.
- Diarrhea in the previous 24 hours.
- Conjunctivitis or pink eye. Defined as pink or red eyes with white or yellow discharge, often with matted eyelids after sleep.
- Infestation (e.g. head lice, scabies). Keep at home until all nits (eggs) have been removed.
- Rash with fever or behavior change (until seen by a physician who determines the illness is not communicable; Doctor's NOTE requested).
- Streptococcal infection, until 24 hours after treatment has been initiated. Signs of possible illness including lethargy, irritability, crying, etc.

Child needs to be symptom free for 24-hours without the aid of medication and also not just on an antibiotic for 24-hours. The need to send a child home from school shall be at the discretion of his or her teacher in conjunction with the Director. We want to keep your child, the classmates, and the teachers as healthy as possible. Medication will **NOT** be administered to your child. There are NO exceptions to this policy.

I/We have read the above Illness Policy and agree to its regulations.

**Parent/ Guardian
Signature**

Date _____

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SNACK NOTICE or SNACK RELEASE

>>>PLEASE READ CAREFULLY & SIGN **ONE** FORM ONLY

SNACK NOTICE REQUEST

[For Food Allergies or Diet Restrictions]

Child Name _____

I hereby request that **I be NOTIFIED in writing prior** to any snacks/treats being given to my child during the school year. I understand that special treats may be brought in by others and that every effort will be made to give ample notice. However my child will **not** be permitted to participate in any special snack/treat without prior written consent.

By signing this form I acknowledge that my child HAS either:

Food-type Allergies to

or Dietary Restrictions _____

and that I will provide an alternative special snack in the event that they are not able to participate in any special treats or snacks that may be provided throughout the year.

Parent/Guardian

Signature _____ **Date** _____

OR

SNACK RELEASE

Child Name: _____

I hereby grant permission for my child to participate in any special snacks or treats during the school year. I understand that may also include treats brought in by others or even those provided by Green Hill Church and Green Hill Church PDO on special days. **By signing this form I hereby acknowledge that my child has NO food type Allergies or Dietary Restrictions and is able to participate in any special treats/snacks** that may be provided throughout the year.

Parent/Guardian

Signature _____ **Date** _____

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SAFE RELEASE

In our efforts to ensure your child's safety, we would like to take a moment to outline the security procedures we will have in place for our program this school year. This will help to ensure that your child is accounted for daily and released only to authorized persons that you have personally designated.

You will find a copy of our security sheet following this letter. It is necessary for every family to complete one for each child enrolled in our program, listing all persons [including mother and father] authorized to pick up your child. We will then provide the teacher with a security sheet for each child assigned to their class. This list should always be kept up-to-date, and you may stop by the office anytime to do that. We can add multiple pages as needed.

Each day your child attends school, you will be required to sign them in and list the person who will be responsible for picking them up that afternoon. Should the pick-up person change during the course of the day, you must call the office to notify us. We will then provide this information to your child's teacher, so that they will use the proper protocol and know to whom they are releasing your child.

Please note that we are asking each family to submit a **password/code**. This will be asked for in the event that you as a parent need to call and change the person listed to pick-up for that day, or to have one added to the release sheet. The password is necessary so that we can be sure it is, in fact, the parent/guardian we are talking to. Your password can be a word, date, pet name etc.--as long as it remains confidential to only your family and friends authorized to call about your child. It is highly recommended that you make a note of the password to keep in your purse, wallet, or cell phone. In the past we have had parents call to make a change in the pick-up person for that day and cannot remember their password. Please remember that your child's safety is our #1 priority.

We are taking great lengths to ensure the safety of all the children enrolled in the program and we thank you for your cooperation.

I have read and understand the safe release policy and agree to provide a list of eligible persons to pick up my child. I will also provide a password/code when using a phone for communication to employees of Green Hill Church PDO concerning my child.

Parent/Guardian Signature

_____ Date _____

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AUTHORIZED PERSONS – PICK UP LIST

I, _____, have authorized the people listed below
Parent/Legal Guardian (PRINT)
to pick up my child.

Child's Name _____

Mother/Legal Guardian

Phone # _____

Father/Legal Guardian

Phone # _____

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PASSWORD: _____

***Please make a note of your chosen password for future reference.**

Parent/Guardian

Signature: _____ **Date:** _____