

Old Hickory Church of Christ Day School
1001 Hadley Avenue
Old Hickory, TN 37138
Phone: 847-0050 ... Fax: 847-4246

Dear Parents,

A Space for your child will be reserved in our Day School program when we receive the following:

- 1) The completed REGISTRATION FORM due now.
- 2) The \$40 **CASH**, nonrefundable REGISTRATION FEE (**NO CHECKS**, please)! due now.
- 3) The completed APPLICATION FORM due ASAP, no later than August 15, 2017.
- 4) The completed MEDICAL FORM required by our licensing board before August 31, 2017.
- 5) The August TUITION due on August 15, 2017.

Tuition for the 2017-2018 school year: August through May—\$80.00 per month for one child and \$10 off for each additional child in the same family. Our Day School meets on Tuesdays and Thursdays, from 9:00 am until 2:00 pm. School will begin on Tuesday, August 15, 2017, at 9:00 am.

Thank you for the opportunity to work with you and your child. We look forward to a good year filled with learning experiences and lots of fun. Please keep this portion for your files. Clip and return the form below.

Sincerely,
Day School Directors
Leah Vargas
Hillary Sears

REGISTRATION FORM

CHILD'S FULL NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____ PHONE NUMBERS: _____

(City, State, Zip) (HOME) _____
(WORK) _____

PARENT'S NAMES: _____

I understand that a current application and current medical form must be on file. I also have read and understand the policies outlined in the *Information for Parents* sheet regarding tuition payment, holiday and weather closings, drop-off and pick-up times, sickness, etc.

Signature of Parent or Legal Guardian Date

OLD HICKORY CHURCH OF CHRIST DAY SCHOOL

INFORMATION FOR PARENTS

I. GENERAL:

- A) Day school meets Tuesday and Thursday of each week, 9:00 am—2:00 pm.
- B) Doors to the building will be opened at 8:55 am. Parents are requested to **take their child** to their room in the morning. We must request that you are prompt to pick your child up at 2:00 since the teachers have other obligations to meet. A \$5.00 late fee will be charged after 2:15 pm.
- C) We will follow Metro School schedules for holiday closings, spring break, fall break, and bad weather dismissals.
If metro schools are closed for bad weather, we are closed.
If metro schools dismiss early, we dismiss early.
If metro schools start late, we will still start **ON TIME** at 9:00 am
- D) Please do not bring a child who is ill to Day School. We do not have the facilities to care for them properly. If a child becomes ill during the day, their parent will be called to come for them.

II. FOOD:

- A) A mid-morning snack will be served to each child.
- B) Milk at lunch time will be provided by the Day School. If allergic to milk, please bring a drink.
- C) Each child should bring their own lunch from home. Please send items your child likes and that he/she can open by himself/herself. Also, please make sure they can open their lunch box by themselves. It helps if the lunch doesn't need to be heated or refrigerated. Also, note that children are encouraged (not forced) to eat as much of their "good" food as possible before eating the dessert! No metal or glass containers (this includes canned foods).

III. CLOTHING:

- A) Modest (if a girl wears a dress, she needs to wear shorts under it), comfortable play clothes are preferable and more suitable for sitting on the floor and playing on the playground. Also, "messy" activities are a big part of our program.
- B) No cowboy boots or dress shoes that might cause slips; some type of tennis shoe is safer and more comfortable. All shoes must have a back or back strap on them.
- C) Be sure to mark your child's name in all "outer" clothes (coats, hats, etc.)
- D) It is very important that each child be able to manage their own clothing independently when it is time to go to the bathroom. Please consider this before sending your child dressed in "difficult" outfits.

IV. KEEPING IN TOUCH:

- A) Each month you will receive a school calendar with party dates and holidays listed.
- B) From time to time we will send you notes about upcoming events like parties or theme days.
- C) Occasionally we will ask for parent volunteers to assist with a special activity.
- D) Please let your child's teacher know if your child will be absent for more than one week.

V. TUITION AND FEES:

- A) Part of the \$40.00 registration fee will be used to cover special treats for our planned holiday parties.
- B) **Monthly Tuition of \$80.00 is due the first week** of each month. The fee for a second sibling is \$70 and for a third is \$60, etc. Please have correct change or a check **with your child's name** on the check for the record-keeping purposes. Cash receipts will be issued at the end of the school day.
- C) For every check returned NSF, **you will be charged a \$20 fee**. If two (2) tuition checks are returned NSF, **payments must be in cash** for the rest of the year.
- D) If you are having difficulty meeting the monthly tuition, please discuss this with a Director as soon as possible to make alternative arrangements. We love having your child and will try hard to work with you but we must meet our Day School expenses too!

**DAY SCHOOL APPLICATION
OLD HICKORY CHURCH OF CHRIST**

**THIS BOX IS FOR
SCHOOL USE ONLY**

Child's Name _____
(last) (first) (middle) (called by)

Address _____

Home Phone _____ Date of Birth _____ Sex _____

Mother's Name _____ Father's Name _____

Mother's Address if different from child's _____
Father's Address if different from child's _____

Mother's Employer _____ Father's Employer _____

Mother's Work Phone Number _____ Father's Work Phone Number _____

Brothers' Names _____ Ages _____ Sisters' Names _____ Ages _____

Does the child live with both parents? _____ If not, whom? _____

Sitter Information _____

Name

Address

Phone Number

Please list all others besides parents & sitter who are authorized to pick your child up: _____

(Must have legal papers if there is a custody issue and advise your child's teacher)

EMERGENCY INFORMATION (Required by State Department of Welfare)

Person to be notified in case of emergency if parent(s) cannot be located:

Name _____ Address _____

Phone Number _____ Relationship to your family _____

Physician to be contacted _____ Phone Number _____

Address _____ Hospital Preference _____

Further Instructions: _____

I hereby give permission authorizing emergency medical care. _____

Signature of Parent of Guardian

OLD HICKORY CHURCH OF CHRIST DAY SCHOOL

SPECIFIC INFORMATION ABOUT THE STUDENT

1. Any Allergies?

Please list any food allergies below:

2. Toilet habits:

Does he/she tell you when there is a need to go to the toilet? _____ and then go readily? _____

Is child independent at managing clothes at toilet? _____

Expressions used for Urinating? _____ B.M.? _____

3. Speech, Emotional & Physical Development:

How well does child speak? Well _____ Fair _____ Indistinctly _____

Check those social attitudes and personality traits which apply to your child:

Likes to play with others _____ Very easy to manage _____ Prefers to be alone _____

Helps around the house _____ Has many friends _____

Group experiences he/she has had _____

Emotional disposition or habits _____

Nail biting? _____ Thumb-sucking? _____ Excitable? _____ Fears? _____

What methods are used in controlling and guiding behavior of child? _____

4. Discipline habits:

What discipline is used for correcting child when misbehaving?

What do you do when child talks back to you or another grownup? _____

How does child accept discipline? _____

(USE BACK FOR ADDITIONAL INFORMATION RELATING TO ABOVE AREAS)

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CHILD'S HEALTH RECORD

Child's Name _____ Birth Date _____ Height _____ Weight _____

Required immunizations (give dates):

Diphtheria _____

Whooping Cough _____

Polio Myelitis _____

Tetanus _____

Measles (Rubeola) _____

Rubella _____

HIB _____

If there is any medical reason why any of these immunizations should not be given, please indicate:

Microhematocrit or hemoglobin: _____

Results of tuberculin skin test or chest X-ray: _____

Handicaps: _____

Is the child free from communicable diseases? _____

Other remarks regarding physical condition, or suggestions for care of child; use back of the sheet if necessary.

This is to certify that I have examined the above named child and found his or her physical condition suitable for normal group activities.

Date: _____

Examining Physician _____

Address _____

Phone Number _____