

Office Use: Class _____ Reg. Paid: Date _____ Church Member: Y / N Sibling: Y / N

**BERRY'S CHAPEL PRESCHOOL
2019-2020 APPLICATION**

PLEASE COMPLETE ALL BLANKS - IF NOT APPLICABLE, WRITE "N/A"

Child's Name: _____ Date of Birth (mm/dd/yyyy) _____ Sex: M / F

Home Address _____
(Street) (City, ST) (Zip Code)

Primary Family Email _____ Child's Preferred Name: _____

Child lives with (circle one): Both Parents Mother Father Guardian

Mother's Name: _____
Address if different than student: _____

Father's Name: _____
Address if different than student: _____

Home Phone: _____

Home Phone: _____

Cell: _____

Cell: _____

Employer Name: _____

Employer Name: _____

Employer Address: _____

Employer Address: _____

Work Phone: _____

Work Phone: _____

Daily Work Hours: _____

Daily Work Hours: _____

Church Membership: _____

Church Membership: _____

Are there any custody issues of which we should be aware? _____

If parents are divorced, the custodial parent is _____. (Please provide copy of the custody order.)

Transportation Plan

To insure the safety of your child, please list **ALL** other adults to whom your child may be released or who are authorized to provide transportation for your child. **Your child will not be released to anyone NOT listed unless the office has been previously notified.**

Name	Home/Cell Number	Relationship
1. _____	_____	_____
2. _____	_____	_____

Emergency Information (Name of person, other than staff, authorized to act for a parent in an emergency)

Name	Home/Cell Number	Relationship
1. _____	_____	_____
2. _____	_____	_____

Physician Contact Information and Ongoing Medical Care

Doctor's Name _____ Doctor's Office Address _____

Phone Number: _____ Preferred Hospital: _____

Please list any food or drug allergies: _____

Are any of these allergies **life threatening**? Y / N If yes, please specify _____

Any medically diagnosed illnesses or health problems? If yes, explain _____

Is your child on any special diet? If yes, explain _____

Is applicant taking any medication on a regular basis? If yes, explain. _____

Has your child ever been professionally evaluated for speech, behavior, or any type of developmental delay? Y / N If yes, please indicate diagnosis. _____

Health History (circle applicable answers)

Sleeping Patterns:

Rocked/Reads before nap Sleeps with special toy/doll/blanket Talks/cries themselves to sleep
Soft music playing Needs pacifier Other _____

Personality Traits/ Child's Typical Behavior:

Friendly/Outgoing Aggressive Shy Quiet
Extremely active Rubs eyes when tired Withdraws Plays well alone
Favorite toy Frightened by Other _____

Peer Interactions (With whom do they spend most of their time):

Preschool Relatives Friends/Neighbors Church

Child's Playmates:

Older Younger Same Age Mixture

Recent Stresses:

Moved Divorce/Remarriage Parent Traveling New Baby Death of relative/pet Other _____

Typical Coping Responses to Stress/Anger/Frustration:

Tantrums Withdraws Change in appetite
Destructive behavior (throws, kicks, bites) Seeks attention and support Other _____

Compared to other children this age, does your child have problems with:

Speech Hearing Vision Walking/Running General movements

Can your child handle basic bathroom needs (required for 3 year old class and up)? _____

List of Child's Siblings

Name	Age	Name	Age
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

Previous Preschool Experience

Did your child attend Berry’s Chapel Preschool last year? YES NO If so, what class? _____

Has your child attended another preschool/ child care facility? YES NO If so, please list facility name(s) _____

Is there any other information that you wish to share that would assist us in meeting your child’s needs? _____

Parent Declarations

- I have received a summary of licensing requirements.
- In case of emergency, I grant consent to Berry’s Chapel Preschool staff to authorize emergency care for my child/children.
- I have visited the preschool prior to enrolling my child.
- I have access to the preschool’s parent policy statement or handbook (available online at www.berryschapel.org) and verify my understanding and agreement of the content. A hard copy is available upon request.

Signature of Parent(s)/Guardian(s)

Date

Media Release (please check one)

___ YES, I give permission to Berry’s Chapel Preschool to use pictures of my child in promotional materials both mailings or internet.

___ NO, I do not give permission to Berry’s Chapel Preschool to use pictures of my child in promotional materials both mailings or internet.

Registration Offerings

Berry’s Chapel Preschool is licensed by the state as a child care agency for our 3 day/week and 4 day/week classes. Berry’s Chapel Preschool is not required to be licensed by the state as a child care agency for our 2 day/week classes.

I would like to register my child for:

Two Year Olds/ Young 3 Year Olds (Child must be 2 years old by November 30, 2019)

2 Days (Tuesday/Thursday) \$225/month _____

Three Year Olds(Child must turn 3 by Nov. 30, 2019 **AND** be able to handle basic bathroom needs.)

2 Days (Tuesday/Thursday) \$225/month _____

3 Days (Tuesday/Wednesday/Thursday) \$300/month _____

Four Year Olds (Child should turn 4 by December 30, 2019)

3 Days (Tuesday/Wednesday/Thursday) \$300/month _____

Pre-K1 (Child typically turns 5 after January 1, 2020)

3 Days (Tuesday/Wednesday/Thursday) \$300/month _____

4 Days (Monday – Thursday)* \$400/month _____

Pre-K2 (Child is 5 years old at the beginning of the enrolling school year or turns 5 by December 30, 2019)

3 Days (Tuesday/Wednesday/Thursday) \$300/month _____

4 Days (Monday – Thursday)* \$400/month _____

*** If adequate interest in Pre-K1 or PreK2 4 day class option is not met, children will be enrolled in the appropriate alternative 3 day class option.**

Families with more than one child enrolled at Berry’s Chapel Preschool are offered a 10% discount on the second and third child’s tuition. A 10% discount in tuition is offered to active members of Berry’s Chapel Church of Christ as well as active military.

A nonrefundable application/enrichment fee of \$140 is required with this application. Please make check payable to Berry’s Chapel Preschool and note the student(s) name in the memo area of the check.

Check No. _____

Amount \$140

Date Paid _____

In addition to this form, **your child’s updated immunization record, available from his/her pediatrician, is required by Sept. 1.**

This form may be faxed to the school at 615.791.5643.

BERRY'S CHAPEL PRESCHOOL
2019-2020 EXTENDED CARE APPLICATION

Extended Care is available for preschoolers enrolled in our 3 year old through PreK classes. Children in our 2 year old class are not eligible for the extended care program. The extended day hours include an hour in the morning, 8am-9am, and 3 hours in the afternoons, 2pm-5pm. Included in this program are:

- morning breakfast snack
- afternoon snack
- weekly enrichment program, such as art, gymnastics, soccer, sports, etc.

The payment for the program matches your child's current tuition amount; 2 day/week children select 2 day/week extended care and 3 day/week children select 3 day/week extended care. Check which option is applicable:

2 day/week (Tuesday and Thursday) \$225/month

3 day/week (Tuesday through Thursday) \$300/month

Payment for Extended Care is due at the first of each month along with monthly tuition. Existing policies for late fees apply to extended care. Failure to pay the monthly bill for extended care will result in the child's ineligibility for future extended care. The Extended Care program will close promptly at 5 pm. A late fee of \$20 and then \$1 per minute will be charged for children picked up after 5:15 pm. After the third late pick-up, the child will no longer be allowed in the Extended Care option. These policies will be strictly enforced for the comfort of your child as well as to accommodate the needs of our staff.

There is a 10% Berry's Chapel Church member discount as well as 10% concurrently enrolled sibling discount and 10% active military discount given for the extended care program.

No Extended Care will be offered on days when the preschool schedule is adjusted for inclement weather as determined by Williamson County Schools.

Parents of preschoolers enrolled in our non-licensed 2 day/week classes give permission to the Berry's Chapel Preschool staff to sign their preschooler in their 2 day/week class at 9AM and out at 2 PM to participate in the licensed extended care program. Parents of preschoolers enrolled in our licensed 3 day/week classes give permission to the Berry's Chapel Preschool staff to sign their preschooler in their 3 day/week class at 9AM and out at 2 PM to participate in the extended care program.

I hereby agree to the above.

Parent Signature: _____

Printed Name: _____

Date: _____

Participation in ACH Debits is Optional. You may pay tuition via cash, check, or ACH Debit (autodraft). Complete this form **ONLY** if participating in the payment autodraft program.

2019-20 School year

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT (ACH DEBITS) *→ THIS IS OPTIONAL ←*



Company Name: Berry's Chapel Preschool

Company Tax ID Number: _____

I (we) hereby authorize Berry's Chapel Preschool herein called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) CHECKING SAVINGS account indicated below and the depository named below, herein called DEPOSITORY, to debit and/or credit the same to such account. *(must check)*

Depository Bank:	Branch:	
City:	State:	Zip:
Routing Number:		

Account Number: _____

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]: Monthly tuition payment

Date(s) and/or frequency of debit(s): 9 mos, starting Sep 2019 through May 2020 on 5th day of month

This authorization is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY BANK a reasonable opportunity to act on it.

Name(s): (please print) (Authorizing name in print)
~~Student name:~~ Student name: Monthly tuition:
~~Student name:~~ Student name: Monthly tuition:

X (Authorizing Signature) Signed (Date): _____

(Contact e-mail address) ~~_____~~ (Contact phone number)

Please staple voided check here