

Cash/Check# \_\_\_\_\_

**BEAVER RIDGE UMC PRESCHOOL MINISTRIES**  
Summer T-N-T Registration Form

Full Name of Child \_\_\_\_\_ Name child goes by \_\_\_\_\_

Date of Birth \_\_\_\_\_ Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_

e-mail address \_\_\_\_\_

Mother - Home Phone # \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father - Home Phone # \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Last grade child completed \_\_\_\_\_ T-Shirt Size: S (6) M (8-10) L (12-14)  
Adult S Adult M Adult L

**PLEASE CHOOSE THE DAYS YOU PREFER YOUR CHILD TO ATTEND:**  
**TUE WED THUR (Circle ONE or TWO days)**

My child has permission to attend field trips with BRUMC T-N-T Summer Program.

Signature \_\_\_\_\_

By initialing each and signing below I agree to pay the following fees:

\_\_\_\_\_ Non-refundable registration fee: \$75.00 (enclosed)

\_\_\_\_\_ Total fees for the T-N-T program

2 Days per Week

\$350 per child

\$300 for 2<sup>nd</sup> child in the family

1 Day per Week

\$175 per child

\$150 for 2<sup>nd</sup> child in the family

**Fees for the entire summer session are due on the first day your child attends.**

**A late fee of \$20.00 will be assessed if fees are paid after June 10.**

\_\_\_\_\_ I understand and accept responsibility for returned check charges (\$20.00).

\_\_\_\_\_ I understand there will be a fee for late pick-up.

Acceptance of this enrollment form and the non-refundable registration fee assures your child a place in our program.

**DATE:** \_\_\_\_\_ **SIGNED:** \_\_\_\_\_ (parent/legal guardian)

**BEAVER RIDGE UMC TNT  
EMERGENCY PROCEDURE FORM**

Child's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

**In case of an accident or illness, please contact: (please number in order of preference to call)**

\_\_\_\_ Mother \_\_\_\_\_ Home Number \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Number \_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_ Father \_\_\_\_\_ Home Number \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Number \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Please list name and at least two phone numbers for each additional contact:**

\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_ Other \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Child's Physician \_\_\_\_\_ Telephone Number \_\_\_\_\_

Allergies: \_\_\_\_\_

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

In the event of a severe allergic reaction (bee sting, cat, etc.) we request your permission to administer "Benadryl" as first aid. \_\_\_\_\_ Yes \_\_\_\_\_ No

In the event of an emergency we will call 911 and attempt to reach one of the above named individuals. If we are unable to do so, we request your permission to act in the best interest of your child's well-being in seeking medical treatment.

**I hereby authorize Beaver Ridge Preschool to seek emergency treatment for my child in the event I cannot be reached.**

Child's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Dear Parents,

On occasion Beaver Ridge PDO and Preschool takes photographs of our children involved in school activities. Such photographs may be used by staff to remember the activities and participants. In an effort to communicate better with you the parents as well as provide information to future students' families, we will begin a campaign to keep our Facebook page current as well as start our own standalone website. We would like to have your permission to include the children's pictures on these and other forms of media.

I hereby give **BEAVER RIDGE UNITED METHODIST CHURCH PRE-SCHOOL AND PARENTS DAY OUT** full, unrestricted rights to publish, distribute electronically and/or use any still or motion pictures of \_\_\_\_\_ for use in art, advertising, or any other lawful purpose. I understand that my student's likeness may be used in advertising and/or promotions. Students will not be identified by name if photo is used. I waive any right to inspect and approve final use of materials. I certify that I am the parent or legal guardian of the student named below. I have read and understand this release, and certify that the information provided is true and accurate.

PARENT AND LEGAL GUARDIAN:

\_\_\_\_\_

(Print name of parent or legal guardian)

\_\_\_\_\_

(Signature of parent or legal guardian)

DATE: \_\_\_\_\_

## **Beaver Ridge United Methodist Church Parents' Day Out and Preschool**

Dear Parents,

According to Tennessee Law, we are required to inform you that our programs are not licensed, nor are we required to be licensed by the State of Tennessee. This letter must be signed and placed in your child's file at our programs.

“Parents-day-out programs (P-D-O's) have been exempt from the licensure law and regulations since 1976. The legal provisions have not changed. The law [TCA 71-3-527](a) states that:

The provisions of the part [Chapter 3] shall not apply to “Parents' Day Out” or similar programs carried on by churches or church organizations which provide custodial care and services for children of less than school age for not more than two (2) days in each calendar week for not more than six (6) hours each day, and the conducting of any such program shall not be construed to constitute the operation of a day care center.

I, as the undersigned parent, custodian or guardian, understand that Beaver Ridge United Methodist Church Parents' Day Out and Preschool Programs are not, nor need to be, registered by the State of Tennessee.

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Signature of parent, custodian, or legal guardian

Beaver Ridge United Methodist Church  
**TNT Medical & Liability Release**

This form will NOT be accepted unless both sides are complete and notarized.  
Please use additional forms for each student.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Mother's name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone #'s Mother (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Father's name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone #'s Father(H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

We, the undersigned parent/guardian, authorize permission for the above child to attend all events and programming sponsored by Beaver Ridge TNT. We authorize any adult to consent to any x-ray, medical, surgical, dental treatment, or hospital care. As parents/guardians we do hereby release, forever discharge and agree to hold harmless Beaver Ridge TNT, Larry Dial (Senior Minister), other church staff, and other adult chaperones of Beaver Ridge TNT from any and all liability which may result from personal injury, sickness, or death. We assume all responsibility as a result of participation in recreation and work activities involved with this event. Should it be necessary for our child to return home due to medical reasons, disciplinary action, or otherwise, we hereby assume all transportation costs.

Insurance: Yes \_\_\_ No \_\_\_ Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Physician's Name and Phone Number: \_\_\_\_\_

List **ALL** medications currently being taken: \_\_\_\_\_

\_\_\_\_\_

Special needs, allergies, conditions, or medications: \_\_\_\_\_

\_\_\_\_\_

Any limitations in activities by doctor or parent/guardian: \_\_\_\_\_

\_\_\_\_\_

(To be signed in presence of Notary) \_\_\_\_\_

Parent/Guardian Signature

Date

**This form MUST be notarized.**

Personally appeared before me, \_\_\_\_\_, a Notary Public of \_\_\_\_\_  
County in the state of \_\_\_\_\_, the person whose signature appears above executed this  
instrument for the purposes therein.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Signature of Notary Public