

Age _____

Cash/Check# _____

BEAVER RIDGE UMC PRESCHOOL/PDO MINISTRIES
Preschool/PDO Registration Form

Full Name of Child _____ Name child goes by _____

Mother's Name _____

Father's Name _____

Child's Birth date _____ Street Address _____

City _____ Zip _____ Home Phone _____

e-mail address _____

Please remember that we require a current immunization record be on file for your child. Any form your physician uses is fine, but it must include the physician's signature.

Please initial each of the following items:

_____ I agree to pay the appropriate non-refundable registration fee.

_____ I agree to pay the monthly tuition on the first day of each month. I further agree to pay all late fees if tuition is paid after the 10th of the month. (\$20.00 if paid after the 10th, plus an additional \$10.00 per week after the 15th of the month).

_____ I agree to give a two week withdrawal notice before withdrawing my child and will be responsible for payment of that two week period. (Please refer to your policy book for additional information regarding our withdrawal policy).

Registration Fee: \$100.00

\$1,400.00 per year (may be made in 10 monthly payments of \$140.00)

Please check the days you prefer your child to attend:

Monday/Wednesday _____

Tuesday/Thursday _____

No preference _____

DATE _____ **SIGNED** _____ (parent/legal guardian)

**BEAVER RIDGE UMC PRESCHOOL/PARENT'S DAY OUT
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.

Signature of parent, custodian, or legal guardian

Child's name: _____

COVID-19 WAIVER

The _____ Day Care located at _____ recognizes that there is currently a COVID-19 pandemic around the world, and that there are COVID-19 cases in this locale.

You are enrolling your child in this Day Care, and this Day Care will do everything possible to prevent your child from contracting the COVID-19 virus while here. However, this Day Care and the _____ United Methodist Church cannot be responsible if your child contracts COVID-19 while here.

In consideration of your child enrolling at the _____ Day Care, by your signature below, you assume all risks for your child contracting COVID-19 at this Day Care, and further you release, indemnify, defend, and forever discharge the _____ Day Care, its staff, employees, agents and representatives from any and all liability if your child contracts the COVID-19 virus while at this day care.

Print your name: _____

Sign your name: _____

Date: _____