



Teacher _____

Student Application and Information Form

Child's Full Name _____ Male or Female _____

What does the child like to be called? _____ Birth Date _____

PARENTS

Name of Mother _____ Name of Father _____

Address _____ Address _____

Zip _____ Zip _____

Email _____ Email _____

Home/Cell Phone _____ Home/Cell Phone _____

Where Employed _____ Where Employed _____

Work Phone _____ Work Hours _____ Work Phone _____ Work Hours _____

If parents are divorced, which parent has custody of child? _____

TRANSPORTATION PLAN

To insure the safety of your child, please list other adults to whom your child may be released or who are authorized to provide transportation for your child.

EMERGENCY INFORMATION

Name of persons to call in case of an emergency, if you cannot be reached:

Name _____ Relation _____

Address _____ Home Phone _____

Where Employed _____ Work Phone _____ Work Hours _____

Name of Physician _____ Office Phone _____

Hospital Preference _____

BACKGROUND INFORMATION

Place of birth: _____ Is child adopted? _____

If yes, what age did you receive the child _____ Any special issues: _____

Other children in family: _____

Name _____ Birth Date _____ School _____

Name _____ Birth Date _____ School _____

Name _____ Birth Date _____ School _____

EXPERIENCES WITH OTHERS:

What are some of the ways in which your child plays at home?

Does he/she play with other children?

Does he/she play well with siblings?

Does he/she usually get his/her own way with other children? If not, how does he/she react?

Previous preschool or Parent's Day Out experience? If "yes", where

EATING HABITS

What time does your child eat breakfast? Lunch? Supper?

Does he/she feed him/herself?

If he/she refuses to eat, how is this handled?

Favorite foods? Disliked foods?

Food Allergies?

OTHER ALLERGIES

List any of your child's known allergies that we should be made aware of:

SLEEP HABITS

At night sleeps _____ average hours.

At naptime sleeps _____ average hours. At naptime sleeps from _____ to _____.

Habits associated with going to bed or napping?

Does he/she wet the bed? At naptime? At night?

If so, how is it handled?

TOILET HABITS

Is your child toilet trained?

Does he/she tell you when he/she needs to go?

What words does he/she use for urinating and bowel movement?

SPEECH AND PHYSICAL GROWTH

Does your child speak well? Fairly well? Not at all?

Does your child creep? Crawl? Walk?

What other information do you think we should know about your child?

Summary of Policies and Procedures:

If your child has special physical or health needs, please speak with the director prior to registration. Upon acceptance of this registration an application and a health record with doctor's signature will need to be filled out by the parent and returned to the HUM School office before child's first day of attendance. Children 30 months and younger also must have the doctor's signature on the medical examination section on the child's health record (Section 3).

A non-refundable registration fee of \$40.00 per child (plus \$20.00 for each additional enrolled child in family) must be paid at time of registration to reserve your child's position at HUM School. Acceptance priorities: (1) Current enrollees and siblings; (2) Children of HUM Church members (must have been members for six months or more at the time of registration); (3) new enrollees.

Our school is open Monday through Friday from 9:00 A.M. until 2:00 P.M. Please bring your child no earlier than 8:55 A.M. and pick him/her up no later than 2:00 P.M.

A late fee of \$5.00 for each 5 minutes is charged for any student not picked up by 2:05 P.M.

Tuition is due on the first day of the month and is considered late after the tenth of the month. Late tuition is subject to a late charge of \$1.00 for each school day after the 10th of the month.

Children out of school for vacation, illness, or snow, will pay the regular tuition and the days will not be made up.

HUM School requires a two (2) week notice if you need to withdraw your child from our program.

Authorization/Release form: Medical Care, Parent Handbook, State Licensing, Photo Release

You are required to sign below that:

- 1) you have received and read a summary of licensing requirement, and,
- 2) you have made a pre-enrollment visit to the school, and,
- 3) you have read the parent handbook stating our school rules and guidelines and agree to the policies, and,
- 4) you hereby authorize emergency medical care for your child, and,
- 5) you hereby authorize HUM School administrative staff to speak to your health care professional(s) when deemed necessary, and,
- 6) you hereby give permission to use my child's likeness in a photograph for publications, promotional purposes, and any other such purpose on behalf of HUM School. I understand that I, or my minor child (under age 18), will not receive compensation for the use of this likeness in any form.

This form is required to be on file before your child can attend school so that we can give him/her the medical attention he/she needs in case of an emergency and we know you are aware of the policies of the school.

By signing this application, if my child is accepted, I, individually and on behalf of my child, agree to abide by the HUM School Advisory Board by-laws, Rules and Regulations. I, as parent or guardian, individually, and on behalf of my child, do hereby release and hold harmless HUM School for Little People, and the Hermitage United Methodist Church, its representatives, staff, teachers, advisory board, as well as any other persons acting on behalf of the School, from any and all liabilities, responsibilities, and claims of any kind whatsoever, which may result from the ordinary operation of the HUM School for Little People.

Printed name of parent(s)

Signature of parent(s)

Date

I have read the Parent Handbook and agree to the policies set forth in the book. I have also seen a copy of the Summary of Licensing Requirements.

I understand that in order to keep tuition/fees low, HUM School does fundraisers. This includes a fall and spring consignment sale. Parent help is vital to these fundraisers and we require each family to volunteer for 1 shift (4 hours) at both consignment sales.

Parent/Guardian Signature

Date



Tennessee Department of Human Services
Influenza Information Notification Form

PUBLIC CHAPTER 687 requires the Department of Human Services and the Department of Health to work together to educate parents of children in child care agencies regarding the importance of immunizing their children against influenza. The Department of Human Services works with child care agencies to ensure that this information is distributed annually to parents in August or September.

I/We acknowledge that we have received information on the importance of immunizing children against influenza.

Signature of Parent or Legal Guardian: _____ Date: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Signature of Agency Representative: _____ Date: _____

Child's Name _____

Child's Teacher _____

Alcohol, Drugs, and Firearms Policy

This is to confirm that I have read, understand, and agree to abide by the content of these policies. I also understand that these policies will be updated as needed and that I will be informed of the changes when they occur.

_____ Name

_____ Date



Vaccine Requirements for Attending Child Care Facilities, Pre-Schools and Schools in Tennessee*

Recommended Schedule of Required Doses for Attendance in Child Care / Pre-School / Pre-K and School For Children Who Started Immunizations Before Age 7 Years***

Required Vaccines with footnote numbers in []	2 Months of Age	4 Months of Age	6 Months of Age	12-15 Month of Age	16-18** Month of Age	4-6 Yrs.* (School Entry)	Total Doses Required**** For Assessment of Complete For School Attendance on Immunization Certificate
[1] Hib HbOC or	1	2	3	4			N/A for school (See Footnote [1])
[1] Hib PRP-T or	1	2	3	4			N/A for school (See Footnote [1])
[1] Hib PRP-OMP	1	2	3	3			N/A for school (See Footnote [1])
[2] PCV	1	2	3	4			N/A for school (See Footnote [2])
[3] DTP, DTaP, DT	1	2	3	4			5 or 4 (See Footnote [3])
[4] Polio	1	2	3	3			5, 4 or 3 (See Footnote [4])
[5] Hepatitis B	1	2		3			3 (See Footnote [5])
[6] Hepatitis A				1			2 (See Footnote [6])
[7] MMR				1			2 (See Footnote [7])
[8] Varicella				1			2 (See Footnote [8])
[9] Tdap							1 (7th grade only)

*These requirements were established in accordance with the current Recommended Childhood and Catch-up Immunization Schedules, United States (cdc.gov/vaccines/schedules/hcp/child-adolescent.html). Tennessee requirements for Kindergarten (5 years) include doses indicated for 4-6 years.

**Certificates marked "Up to Date for Child Care Entry and <18 Months of Age" expire at 19 months of age. Parent/Guardian must provide an up-to-date certificate indicating "Complete for Child Care/Pre-School" by or before 19 months of age.

***For children starting immunizations at age 7 years or older, refer to the CDC/ACIP catch-up schedule available at: <https://www.cdc.gov/vaccines/schedules/hcp/inflz/catchup.html>

****Children who are behind schedule may attend while in the process of completing the requirements with minimum intervals as indicated below.

Minimum Ages For Initial Immunization And Minimum Intervals Between Doses

Vaccine	Minimum Age For First Dose	Minimum Interval from dose 1 to 2	Minimum Interval from dose 2 to 3	Minimum Interval from dose 3 to 4	Minimum Interval from dose 4 to 5
[1] Hib (Primary Series)					
HbOC & PRP-T	6 weeks	28 Days	28 Days	See Footnote [1]	N/A
PRP-OMP	6 weeks	28 Days	28 Days	See Footnote [1]	N/A
[2] PCV	6 weeks	28 Days	28 Days	See Footnote [2]	N/A
[3] DTP/DTaP (DT)	6 weeks	28 Days	28 Days	6 months	See Footnote [3]
[4] Polio	6 weeks	28 Days	28 Days	See Footnote [4]	See Footnote [4]
[5] Hepatitis B	birth	28 Days	See Footnote [5]	N/A	N/A
[6] Hepatitis A	12 months	6 months			
[7] MMR	12 months	28 Days	N/A	N/A	N/A
[8] Varicella	12 months	3 months [8]	N/A	N/A	N/A
[9] Tdap	See Footnote [9]				

Do not restart any series, no matter how long since the previous dose. Doses given up to 4 days before the minimum age or the minimum interval may be counted as valid.

Two different live vaccines must be given on the same day or spaced at least 28 days apart. The 4-day "grace period" does not apply to the 28-day interval between live vaccines not administered at the same visit.

For purposes of vaccine spacing: For intervals less than 4 months, 28 days = one "month" (1 month=4 weeks=28 days). For intervals of 4 months or longer, a "month" is a "calendar month." Ex: Six months from January 1 is July 1.

Footnotes

- The number of doses of Hib depends on age at 1st dose and brand of vaccine given. The last dose in the series necessary to meet requirements, whether 3rd or 4th, should be given at least 2 months after the previous dose and not before 12 months of age. One dose is sufficient to meet requirements if it is given at age 15 months or later. Hib is required for children younger than 5 years attending child care facilities. Hib is not required for kindergarten or higher grades and is not indicated for children who have reached the 5th birthday. If given on schedule, PRP-T and HbOC have a 3 dose primary series and a booster after age 12 months. PRP-OMP has a 2-dose primary schedule and a booster after 12 months. Providers are responsible for verifying that the child meets the appropriate schedule for the brand used.
- The number of doses in the PCV series depends on age at 1st dose. Children who receive 3 doses before 12 months of age require a 4th dose after the previous dose and not before 12 months of age. Consult the Catch Up schedule for additional guidance.
- The minimum interval between the 4th and 5th doses is 6 months; dose 4 may be given as early as 12 months, but typically is given at age 15-18 months. One dose of DTP/DTaP/DT must be on or after the 4th birthday. If the 4th dose was on or after the 4th birthday, the 5th dose is not needed. The 4th dose should be administered a minimum of 6 months after the 3rd dose. However, the 4th dose does not need to be repeated if administered ≥ 4 months after dose 3. Total doses of diphtheria and tetanus toxoids should not exceed 6 before the 7th birthday.
- The final dose of the polio vaccine series must be given on or after the 4th birthday and at least 6 months after the previous dose. If 4 doses are administered before the 4th birthday, a 5th dose should be given on or after the 4th birthday. If the 3rd dose of an all IPV or all OPV series is given on or after the 4th birthday and at least 6 months after the 2nd dose, a 4th dose is not needed.
- The 3rd valid dose of hepatitis B vaccine must be at least 4 months after dose 1 and 2 months after dose 2 and not before 24 weeks of age. If the 3rd dose given is not valid for all criteria, a 4th dose is necessary.
- One dose of hepatitis A vaccine is required for all children in child care aged 18 months or greater. The recommended schedule is for two doses, 6 to 18 months apart, beginning at one year of age. Proof of two doses, at least 6 months apart, is required for Kindergarten entry. Hepatitis A vaccine is not required for entry in older school grades.
- The MMR requirement is 2 doses of measles vaccine, 2 doses of mumps vaccine and 2 doses of rubella vaccine, in combination or separately. Dose 2 of MMR is routinely given at 4-6 years, but may be given as soon as 28 days after dose 1.
- The varicella requirement is for 2 doses of varicella vaccine or history of disease for all students entering Kindergarten, and new entrants into a Tennessee school in any other grade. The second dose is recommended 3 or more months after the first dose, routinely at age 4-6 years, in keeping with CDC guidance; the second dose is acceptable if given at least 4 weeks after the first dose.
- A single dose of Tdap is required for 7th grade entry. Tdap meets the requirement if given any time after the 7th birthday. If Tdap is needed, it may be given regardless of interval since last Td.



A Preschool Ministry for Young Children

Dear HUM School Parent,

DHS, our licensing agent, requires that children not born in the United States have evidence of TB testing. Would you ask your doctor to send us a record of your child's TB test for our records? Our Health Department Audit is Monday and we must have this for your child to stay enrolled in the HUM School program.

Please have your pediatrician email this record to sharon@humc.org or they may fax us at 615-883-4085.

Thank you for your help,

Sharon Gregory
HUM School Director



A Preschool Ministry for Young Children

PARENT VOLUNTEER SURVEY

We often have parent volunteers help on some occasions at HUM School throughout the school year. Please reply if you are interested in any of the following volunteer opportunities.

Classroom Resource Person: Could you be a resource person that could come to HUM School to talk about their job, i.e. policeman, fireman, nurse, etc... _____

Room Parent: Would you be interested in being a Room Parent for your child's class? You would be asked to help with holiday parties and perhaps other events happening in the classroom. _____

Substituting: Would you be interested in subbing for pay at HUM School? _____

HUM School Consignment Sale: Would you be interested in Co-Chairing the Event? _____

Would you be interesting in volunteering to work a shift at the clothing sale? _____

Please return this form to the HUM School office.

Thanks in advance for helping us,

Sharon Gregory, HUM School Director

Parent's Name _____

Child's Name _____

Teacher's Name _____

Date _____



Stay connected to HUM School!

Download the Remind app or signup for text messages today!

HUM School uses Remind messaging to keep you informed about important news and updates. Remind is a free service that allows you to get messages directly on your phone. You can choose whether you prefer text messages or smartphone notifications.

Sign up for text messages:

1. Text the hum school class code @humsch to the phone number 81010 or 615-541-1187.
2. Reply to the text messages from the Remind team.

Or Sign up for smartphone app notifications:

1. Download the Remind app on your Android or iOS device. Click here for a link to the apps: <https://rmd.me/a>
2. Open the app and create an account (or log in if you already have one).
3. Tap the + by "Classes joined" and enter the hum school class code @humsch.

That's all you need to do to start receiving messages!

A few other things you might like to know:

- Personal contact information (like cell phone numbers) will not be visible on Remind.
- All of our messages will be recorded in communication logs that you can access and download.
- Remind can automatically translate all the messages you receive and send into your preferred language.



**Join us on
Facebook**

Dear Parents,

Did you know that we have a Facebook page for parents of HUM School students?

You can find information about class and school events, inclement weather and schedule updates, and local family activities.

Just search on Facebook for HUM School Parents. It is a closed group, which means that anyone can find the group and see who is in it, but only members can read and comment on the posts.

Click the tab to request to be a member, and we will add you as soon as we are able. Only current HUM School parents and teachers are eligible to be members. When your child graduates from HUM School (which will be a bittersweet day for us all!) you will be removed from the group.

Please let us know if you have any questions, and we look forward to seeing you on Facebook!

Sincerely,

HUM School