



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 the 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 \$75.00 per child (plus \$25.00 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 and attend regularly); (3) new enrollees.

Our school is open Monday through Friday from 9:00 A.M. until 2:05 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 \$25.00 is charged for the first 5 minutes past 2:05. Each additional minute is \$5.00 per minute. This is automatically added to your account.

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 \$20.00 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: _____

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



Doctor Can provide **CERTIFICATE OF IMMUNIZATION**

* Must be turned in first day.

TN

Department of
Health

Child's Name (Last name, first name, middle)

Birthdate (mm/dd/yy)

Parent/Guardian Name (Last name, first name, middle)

Phone (please include area code xxx-xxx-xxxx)

Address

City

State

Zip Code

Section 1a. Religious Exemption

☐ Check here if religious exemption to immunization selected by parent/guardian

1b. Health Examination Documentation (if required)

☐ This child has been examined: MM / DD / YY

Certified by (Signature/Stamp)

1c. Check if needed

☐ Dental Screening

☐ Vision Screening

Unless specifically exempted by law, Tennessee law requires a certificate on file for each child in attendance in any school or child care facility in Tennessee. Detailed instructions for this form and explanation of requirements are in "TDH Summary of Immunization Rules" Certificate Instructions" at the Tennessee Department of Health website (<https://www.tn.gov/health/cdepi/immunization-program/ip/immunization-requirements.html>) and on the Tennessee Immunization Information System (tennesseellis.gov).

VACCINE	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	Diagnosed (X)	+Serology (X)	History (X)	Medical Exemption (X)
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Section 2a. Required Vaccines for School or Child Care Attendance (Dates Required)

Hib Child Care Only (<5 years)										
Pneumococcal (PCV) Child Care Only (<5 years)										
DTP, DTap, DT, Td										
Poliomyelitis										
<input type="checkbox"/> Hepatitis B Check here if 11-15 years 2-dose schedule used										
Hepatitis A Child Care Effective 7/2010 Kindergarten Effective 7/2011										
Measles										
Mumps										
Rubella										
Varicella										
Tdap Booster 7th Grade Entry Only										

Section 2b. Recommended Vaccines (Documentation Optional)

Rotavirus										
Influenza										
Meningococcal ACWY										
HPV										

Section 3. Provider Assessment (select one*, not valid if blank)

- ☐ **A) Temporary Certificate - Expires** MM / DD / YYYY
Expiration date one month after date next catch-up immunization is due.
- ☐ **B) Up to Date for Child Care Entry and <18 Months of Age**
Only if requirements incomplete, but up to date for age. Expires at 19 months of age.
- ☐ **C) Complete for Child Care / Pre-School***
Fulfills all requirements for child care / pre-school or pre-K under 5 years of age.
- ☐ **D) Complete K-6th Grade***
Fulfills requirements, Kindergarten through 6th grade.
- ☐ **E) Complete 7th Grade or Higher**
Fulfills requirements, 7th grade or higher
- *If age 4 years and fulfills requirements for Pre-School and Kindergarten, check BOTH Boxes C and D.

Section 4. (Required) Name, Address, Phone of Qualified Provider (MD, DO, PA, Advanced Practice Nurse or Health Department):

MM | DD | YYYY

Certified by (Signature/Stamp) or TennIS

Date of Issue



Dear HUM School Parent,

DHS, our licensing agent, requires that children not born in the United States have evidence of TB testing. Please have your doctor send us a record of your child's TB test to brenda@humc.org or fax to us at 615-883-4085.

Thank you for your help,

Brenda Dye

HUM School Director



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? _____

Please return this form to the HUM School office.

Thanks in advance for helping us,

HUM School Director

Parent's Name _____

Child's Name _____

Teacher's Name _____

Date _____



**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