



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES**

CITIZENS PLAZA BUILDING
400 DEADERICK STREET
NASHVILLE, TENNESSEE 37243-1403
TELEPHONE: 615-313-4700 FAX: 615-741-4165
TTY: 1-800-270-1349
www.state.tn.us/humanserv/

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.

_____ **(Name of child or children)**

Signature of Parent or Legal Guardian Date

Signature of Parent or Legal Guardian Date

Signature of Agency Representative Date

Lascassas Baptist Preschool Personal Safety Curriculum

“Keeping Kids Safe” is the personal safety curriculum used by our child care agency.

Our agency uses another personal safety curriculum described below:

Keep Kids Safe is a state mandated curriculum that we are required to teach to each child 3 years through 5 years. We will be teaching this curriculum at the beginning of February of each year.

Method of Instruction:

This curriculum will be taught to 3, 4 & 5-year-old students in small groups using stories and activities that will be introduced by Spot, the Dalmatian puppet.

Sample Terminology:

We will use the term “Private Body Parts” when we are referring to all body parts that a bathing suit covers up. We are asked to encourage all parents to use the proper terminology when you are talking to your children about their private body parts, not to make up alternate names for them.

The instructional materials used in the agency personal safety curriculum are available for review by the parents or legal guardians and are located in the preschool office. Please just stop anytime to look them over.

Curriculum Review

A copy of this curriculum is always kept in the preschool office. Feel free at any time to stop by and preview what will be taught to your children. We will be happy to meet with you and talk about any questions or concerns you may have.

I/We acknowledge that we have been provided an opportunity to review the agency’s personal safety curriculum, and have been notified of the sexual abuse/personal safety curriculum for our child/children.

Child’s Name: _____

DOB: ____ / ____ / ____

Printed Name: Parent or Legal Guardian

Date

Signature: Parent or Legal Guardian

Date

Signature: Agency Representative

Enrollment Agreement

Lascassas Baptist Preschool

Emergency Contact Information Sheet

Child's Information

Child's first name		Child's middle name		Child's last name		Preferred name	
Birth date	Sex	Allergies		Sunscreen Permission Circle: YES or NO		Diaper Rash Cream Permission Circle: YES or NO or N/A	
Child's home address				City		State	
						Zip	

Family Information

Parent/Guardian #1		Relationship to child		Home phone		Cell phone	
Home address if different from above				City		State	
						Zip	
Preferred email						Work phone	
Employer		Employer address		City		State	
						Zip	
						Work hours	

Parent/Guardian #2		Relationship to child		Home phone		Cell phone	
Home address if different from above				City		State	
						Zip	
Preferred email						Work phone	
Employer		Employer address		City		State	
						Zip	
						Work hours	

Child Emergency Contact and Release Information (do not include parents/guardians)

For the safety of your child, we request that all authorized pick up persons with whom staff is not familiar provide a photo ID at the time of pickup.

Person #1	Relationship to child	Cell phone	Alternate phone number
Person #2	Relationship to child	Cell phone	Alternate phone number
Person #3	Relationship to child	Cell phone	Alternate phone number
Person #3	Relationship to child	Cell phone	Alternate phone number
Person #4	Relationship to child	Cell phone	Alternate phone number
Person #5	Relationship to child	Cell phone	Alternate phone number

The persons designated in the section above will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed above. If you want a person who is not identified above to pick up your child, you must notify our staff in advance, preferably in writing, but verbal authorization is also allowed. Your child will not be released without prior authorization.

Use this section to list anyone who is NOT ALLOWED to pick up your child.	Media release – more info on page six of this document: CIRCLE: YES NO LIMITED TO YEARBOOK
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Parent initial _____ Staff initial _____ Date _____

Enrollment Agreement

Lascassas Baptist Preschool

General Information

Child's name _____

Birth date _____

Sex _____

Who has custody of the child?

Siblings – Names; Ages; School attended _____

Father _____ Mother _____ Both _____

May the non-custodial parent pick up the child?

Yes _____ No _____

Does your family attend Sunday School and/or church? If so, where? _____

How did you find out about our program? _____

Habits and Routines

What time does your child eat: breakfast*: _____ lunch: _____ dinner: _____ snacks: _____

***Remember sweet, sugary breakfasts are not a good way to start the day.**

Does your child feed self? _____ Attitude towards eating? _____

How do you handle it if they refuse to eat? _____

****If your child is an infant, use the **Infant Feeding Plan** form for information about formula, bottles, etc. We will work closely with parents while introducing new baby foods and table foods.*

Wakes up at: _____ naps at: _____ goes to bed at: _____

Potty training: (write n/a if the following questions do not apply to your child.)

Is your child potty trained? _____

Does your child require assistance in the bathroom? _____ Words for urination: _____ Words for bowel movement: _____

How well does your child indicate bathroom needs? _____

Special words for body parts: _____

Developmental Health

- Problems talking or making sounds Explain: _____
- Problems walking/running/moving Explain: _____
- Problems seeing Explain: _____
- Problems hearing Explain: _____
- Problems using hands (puzzles or small items) Explain: _____

Does your child have any special habits? Please explain: _____

Social Relationships/Play

Is your child: Friendly Aggressive Shy Withdrawn

Attention span? Short Average Long

Activity level? Calm Average Very active

Group experiences? Childcare Church Playgroups Other

Is your child frightened by? Animals Other children Loud noise The dark Storms

Does your child play well alone? Yes No

Does your child have a comforting item? Yes No If so, what? _____

What discipline method would you recommend for your child? _____

What ages are your child's most frequent playmates? _____

What do you hope your child will gain by attending our preschool? _____

Are there any skills or hobbies you would be willing to share with our students? _____

Is there any other information you would like to share that would assist in meeting your child's needs? _____

To the best of my knowledge the information contained above is accurate.

Parent initial _____ Staff initial _____ Date _____

Enrollment Agreement

Lascassas Baptist Preschool

Medical Information																				
Child's name	Birth date	Height	Weight	Hair color	Eye color															
Distinguishing marks																				
Child's Medical & Developmental History																				
1. Does your child have any special medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____ 2. Does your child have any chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____ 3. Please list a brief history of your child's serious injuries and hospitalizations. _____ _____ 4. Is medication administered regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No (LBP does not administer medication, except in the case of life-threatening situations.) 5. Does your child have any special dietary needs? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Is your child able to fully participate in all activities? <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Does your child have any physical restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. Does your child function at the level of other children in his/her age group? <input type="checkbox"/> Yes <input type="checkbox"/> No 9. Is your child able to walk <input type="checkbox"/> Yes <input type="checkbox"/> No 10. Can your child communicate his/her needs? <input type="checkbox"/> Yes <input type="checkbox"/> No 11. Does your child need assistance at meal time? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain. 12. Does your child rest during the day? <input type="checkbox"/> Yes <input type="checkbox"/> No 13. Does your child use any special equipment, wheelchair, hearing aid, braces, glasses, etc? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No 14. Are all the child's immunizations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:																				
Medical History (please check all that apply) <table style="width:100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Vision problems</td> <td style="width: 33%;"><input type="checkbox"/> Nosebleeds</td> <td style="width: 33%;"><input type="checkbox"/> Seizures</td> </tr> <tr> <td><input type="checkbox"/> Hearing problems</td> <td><input type="checkbox"/> Skin rashes</td> <td><input type="checkbox"/> Mouth sores</td> </tr> <tr> <td><input type="checkbox"/> Constipation</td> <td><input type="checkbox"/> Sore throats</td> <td><input type="checkbox"/> Fainting</td> </tr> <tr> <td><input type="checkbox"/> Diarrhea</td> <td><input type="checkbox"/> Ear infections</td> <td><input type="checkbox"/> Persistent cough</td> </tr> <tr> <td><input type="checkbox"/> Asthma/breathing problems</td> <td><input type="checkbox"/> Urinary tract infections</td> <td><input type="checkbox"/> Other</td> </tr> </table> Please attach care instructions from your physician for any of these illnesses, if needed.						<input type="checkbox"/> Vision problems	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Seizures	<input type="checkbox"/> Hearing problems	<input type="checkbox"/> Skin rashes	<input type="checkbox"/> Mouth sores	<input type="checkbox"/> Constipation	<input type="checkbox"/> Sore throats	<input type="checkbox"/> Fainting	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Ear infections	<input type="checkbox"/> Persistent cough	<input type="checkbox"/> Asthma/breathing problems	<input type="checkbox"/> Urinary tract infections	<input type="checkbox"/> Other
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Disease History (please check all that apply and add the date) <table style="width:100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Chicken Pox (Varicella)</td> <td style="width: 33%;"><input type="checkbox"/> Bronchiolitis</td> <td style="width: 33%;"><input type="checkbox"/> Botulism</td> </tr> <tr> <td><input type="checkbox"/> Measles Rubeola</td> <td><input type="checkbox"/> Pneumonia</td> <td><input type="checkbox"/> Haemophilus Influenza</td> </tr> <tr> <td><input type="checkbox"/> Rubella (German Measles)</td> <td><input type="checkbox"/> Pertussis (Whooping cough)</td> <td><input type="checkbox"/> Meningococcal Infection</td> </tr> <tr> <td><input type="checkbox"/> Mumps</td> <td><input type="checkbox"/> Tetanus</td> <td><input type="checkbox"/> Rabies</td> </tr> <tr> <td><input type="checkbox"/> Scarlet Fever</td> <td><input type="checkbox"/> Diphtheria</td> <td><input type="checkbox"/> Bacterial Meningitis</td> </tr> </table>						<input type="checkbox"/> Chicken Pox (Varicella)	<input type="checkbox"/> Bronchiolitis	<input type="checkbox"/> Botulism	<input type="checkbox"/> Measles Rubeola	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Haemophilus Influenza	<input type="checkbox"/> Rubella (German Measles)	<input type="checkbox"/> Pertussis (Whooping cough)	<input type="checkbox"/> Meningococcal Infection	<input type="checkbox"/> Mumps	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Rabies	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Bacterial Meningitis
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Allergies (please list)																				
Medication	Reaction	Foods	Reaction																	
Bee Stings	Reaction	Respiratory	Reaction																	
Other	Reaction	Are any of these allergies life-threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Please fill out our Allergy Form and attach care instructions from your physician for any life-threatening allergies...																				
Miscellaneous Screenings and Tests (please check all that apply and add the date of last screening)																				
<input type="checkbox"/> Vision	_____	<input type="checkbox"/> Developmental	_____	<input type="checkbox"/> Tuberculosis (PPD)	_____															
<input type="checkbox"/> Hearing	_____	<input type="checkbox"/> Aptitude	_____	<input type="checkbox"/> Sickle Cell Anemia	_____															
<input type="checkbox"/> Speech	_____	<input type="checkbox"/> Educational	_____	<input type="checkbox"/> Other	_____															

To the best of my knowledge the information contained above is accurate.

Parent initial _____ Staff initial _____ Date _____

Tuition Agreement and Contract

Child's name	Birth date
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Hours of Operation

Regular operating hours are **Monday through Friday from 6:30 AM to 5:30 PM** except closings for various holidays, and inclement weather as described in the Parent Handbook. Please consult the current calendar for holidays. Tuition reductions, if applicable, are described in the Parent Handbook.

The procedure to notify families should severe weather or other conditions prevent the program from opening on time or at all will be announced on all local television stations under the heading "Rutherford County". If it becomes necessary to close early, we will contact you or someone listed on the *Emergency Contact Information Sheet*, and it will be your responsibility to arrange for your child's early pick up. Closing information will also be found on our website, www.LascassasBaptistPreschool.com, our Facebook, Instagram, and texts will be sent out to the parents who have registered with Remind.

Fee Policy

- Tuition is due on the 1 st of each month and is considered late on the 5 th .	Initial
- Tuition is not subject to discounts, except those as outlined in the Parent Handbook.	_____
- I agree to pay the full tuition in advance of services rendered.	_____
- I agree to pay the full tuition fee even if my child is absent for one or more days.	_____
- A late fee of \$10.00 is due if tuition is paid after the 5 th .	_____
- A non-refundable registration fee of \$100.00 is due yearly.	_____
- Non-refundable Summer Holding Fees are due for children who do not join our summer program. These fees are outlined in the Parent Handbook. Such fees also apply to children who do not start school on time, but are being saved a spot, such as newborns.	_____
- A late pick-up fee of \$1.00 per minute per child is due if my child is not picked up by their scheduled departure time. The same \$1.00 fee will apply if a child is dropped off before their scheduled arrival time.	_____
- Accounts two weeks in arrears may result in immediate termination of service.	_____
- All returned checks will be charged a fee of \$32.00 . Two or more returned checks will result in my account being place on "money order only" status.	_____
- A receipt for income tax purposes will be provided.	_____

Other Agreements

Private Employment Acknowledgement and Release

Any arrangement/employment between me and staff of this center (i.e., babysitting), outside of the programs and services offered by this center, is an individual endeavor and private matter not connected or sanctioned by this center. This center shall remain harmless from any such arrangement.	Initial

Media Release

Photographs of your child's activities at Lascassas Baptist Preschool will be taken by school personnel and teachers. These photos may appear in forms such as display panels, portfolio notebooks, teacher-made books, the school's website, or the school's Facebook and Instagram pages. We will also use these photos for our yearbook and special slide shows during school programs. You will receive no compensation for your child's appearance. Your child's participation gives you no ownership rights to the photographs or negatives whatsoever. Please choose from the following selections:

_____ YES! LBP can use pictures of my child on their Facebook page, their website, or for advertising.

_____ NO! LBP CANNOT use pictures of my child on their Facebook page, their website, or for advertising.

_____ Please use my child's pictures for in-school purposes only (yearbook, classroom books or decoration, slide shows).

Parent initial _____ Staff initial _____ Date _____

Other Agreements *(continued)*

Child's name	Birth date
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Visits or Playdates

Students who intend on visiting the preschool during the summer months, or in other months during which they are not currently enrolled, are welcome to visit their classroom one time a week, for a maximum of one hour.	Initial _____
A parent or guardian must be present during these visits and it must be scheduled with the directors ahead of time.	_____
Visits are not to include any snack times/meal times and should occur preferably during an outdoor or gross motor activity time.	_____

Handbook Acknowledgement

I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Parent Handbook and agree to abide by them.	Initial _____
I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement.	_____
I understand that the Summary of DHS Licensing Standards can be found on the school's website and that I have been sent a copy or already have a copy that was given to me at enrollment.	_____
I understand that information contained in the Parent Handbook may be subject to change at any time and I agree to all of the policies within the Parent Handbook .	_____

Contract Approval

I certify that I have read, understand, and accept all of the terms and conditions described in this <i>Enrollment Agreement</i> and the <i>Parent Handbook</i> .			
Parent/Guardian Signature _____	Date _____	Staff Signature _____	Date _____