

Please print and fill out this application in its entirety. You may submit this application by scanning and emailing to cosprograms@gmail.com, mailing it to COS Academy at 2494 Nashville Hwy, Columbia TN 38401, or hand-delivering during regular office hours.



Child's Application for Enrollment at Christ Our Savior Academy

Full Name of Child: _____ Date of Admission: _____

Program Desired: (Please circle one) M-W Preschool M-Th Preschool M-F Preschool FT Child Care

Child's DOB: _____ Name the child goes by: _____

Is the child related to the primary caregiver? No Yes – Relationship: _____

Name of Agency where child's immunization records are housed:

Agency Address: _____

Parents/Custodial Parents:

Mother's Name: _____ Father's Name: _____

Home Address: _____ Home Address: _____

City State Zip City State Zip

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Employment: _____ Employment: _____

Work Address: _____ Work Address: _____

City State Zip City State Zip

Work Phone: _____ Work Phone: _____

Work Hours: _____ Work Hours: _____

Primary Email Address for E-Communication: _____

Transportation Plan:

Please list any other adults to whom your child may be released or are authorized to provide transportation for your child.

Emergency Contact Information:

1. Name of person, other than the child care provider, authorized to act for parent in an emergency.

Home Address: _____ Home Phone: _____

City State Zip

Place & Address

of Employment/School: _____

City State Zip

Work Phone: _____ Work Hours: _____

Alternate Phone Numbers (cell): _____

2. Name of person, other than the child care provider, authorized to act for parent in an emergency.

Home Address: _____ Home Phone: _____

City State Zip

Place & Address

of Employment/School: _____

City State Zip

Work Phone: _____ Work Hours: _____

Alternate Phone Numbers (cell): _____

3. Name of person, other than the child care provider, authorized to act for parent in an emergency.

Home Address: _____ Home Phone: _____

City State Zip

Place & Address

of Employment/School: _____

City State Zip

Work Phone: _____ Work Hours: _____

Alternate Phone Numbers (cell): _____

Physician Contact Information:

Name of Physician: _____ Phone: _____

Address: _____
City State Zip

Background Information:

Other Children in the Family	Date of Birth	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Experiences with Others:

What are some of the ways the child plays at home? _____

Does he/she play with children from other families? _____ How? _____

Briefly describe how he/she copes with or responds to stress/anger/frustration. _____

Is the entire family together for any time during the day? _____

Eating Habits:

Does the child feed himself/herself? _____

What is the child's general attitude toward eating? _____

Food Favorites: _____

Food Dislikes: _____

Food Allergies: _____

Toilet Habits:

Is the child fully potty-trained? _____

Does the child tell you when he/she needs to go and does he/she go willingly? _____

Can he/she manage his/her clothes at the toilet? _____ What words does he/she use for:

Urinating: _____ BM: _____

Speech and physical Growth:

The child talks: Well Fairly Well Not Very Well Not at All

Does anyone read to the child? _____ How regularly? _____ At what age did the child creep? _____

Crawl? _____ Walk? _____ Which of the following words would you use to describe the child (check all that apply):

active quiet thin average weight heavy tall average height short friendly unfriendly

Is there any other information you think we should have about the child? _____

Ongoing Medical Care:

Does the child have any medical diagnosis that requires ongoing care? _____

If yes, explain what type of care is administered at home and by whom? _____

Are you requesting that this care be provided at the facility? Yes No If yes, describe the care required: _____

(Please provide a doctor's statement for any specified requests for care at the facility).

Other:

Church your family is currently attending: _____

Parent Declarations:

I received a summary of the licensing requirements.

I do hereby authorize emergency medical care for my child (a limited power of attorney may be required for military dependents).

I visited the facility prior to enrolling my child. Pre-enrollment Visit Date: _____

I received a copy of the child care facility's handbook, privacy policies, and payment contract, and I have signed their copy, verifying by receipt my understanding and agreement of their content.

Signature of Parent(s)/Guardian(s) Date

Date of Child's Withdrawal: _____ Reason for Withdrawal: _____

This form/information shall be maintained for one year after date of disenrollment.

Information on this form shall be updated annually or as needed to ensure the protection of the child.

Date of last update with parent's initials:

Financial Policy Agreement Form

My child, _____, will attend Christ Our Savior Academy and participate fully in its educational programs. I understand that Christ Our Savior Academy will provide its full range of classroom, educational, and religious programs to my child.

I agree to pay tuition and fees including late fees and penalties for past due accounts in the amounts specified by the school. I understand that monthly tuition is due prior to or on the first school day of each month, (can be weekly for child care tuition) and that none of these months are prorated.

Tuition (1st child)

_____ \$225/month for 3 Day Preschool
_____ \$275/month for 4 Day Preschool
_____ \$325/month for 5 Day Preschool
_____ \$610/month for Full-Time Child Care

Tuition (2nd child)

_____ \$215/month for 3 Day Preschool
_____ \$265/month for 4 Day Preschool
_____ \$315/month for 5 Day Preschool
_____ \$600/month for Full-Time Child Care

_____ A non-refundable registration fee of \$100 for school term _____ (yr.) to hold a place for my child was paid on _____ (date).

_____ I have received a copy of the TN Licensing Requirements, to which the preschool complies.

_____ I have received a copy of the Christ Our Savior Academy Handbook.

_____ I have visited the preschool facility/staff prior to this enrollment.

_____ I understand my child cannot be enrolled without the Tennessee Day Care Immunization Certificate from my child's healthcare provider being appropriately completed and updated in the current school file.

_____ I understand tuition is due by the 10th of the month at the latest. I am aware that monthly tuition rates remain the same regardless of number of classroom days. (Some months may have fewer days due to holidays/snow days/etc.)

Signature(s) below indicate that I have read this Agreement Form carefully and provided correct information to the best of my knowledge, and that I give consent and agree to all of the above. It further indicates that I have read and agree to abide by all policies and procedures of Christ Our Savior Academy.

Parent/Guardian signature _____ Date _____

CHRIST OUR SAVIOR ACADEMY PHOTO RELEASE FORM

This policy is to ensure that no photographs will be taken of your child without your written consent.

Several times throughout the year, we may wish to use photos from special events or occasions to submit as a press release to the local newspapers, or for advertisement (website, social medial, etc.) purposes. Please indicate below if you consent to photos of your child being used for such purposes.

_____ **YES**, I give Christ Our Savior Academy permission to take photos of my child, _____ . I understand that these photos are to be used for preschool memory books and in-house advertisement (bulletin boards and classroom center stations) purposes only.

_____ **NO**, I do not give Christ Our Savior Academy permission to take photos of my child, _____ .

If yes to previous statement:

_____ **YES**, I give Christ Our Savior Academy permission to use photos including my child for advertisement purposes such as news articles or website/social media updates.

_____ **NO**, I do not give Christ Our Savior Academy permission to use photos including my child for advertisement purposes such as news articles or website/social media updates.

Parent/Guardian Signature _____ Date _____

CHRIST OUR SAVIOR ACADEMY
GENERAL PERMISSION SLIP

I hereby give permission for _____
Child's Name

to participate in the following activities at Christ Our Savior Academy:

_____ Outdoor, on-campus walks/activities on the grounds of Christ Our Savior without signed permission each time.

_____ Christ Our Savior Lutheran Church (same building) twice a month for chapel, or more often for special occasions.*

_____ Pictures taken of my child to be used for education purposes, teacher training, or school use. I understand that my child's name will not be used at any time.

_____ Distribution of my telephone number to other parents of a child enrolled at COS Academy. (Telephone numbers will not be given out for any commercial purposes.)

_____ I also hereby authorize the staff of Christ Our Savior Academy to provide my child with any necessary emergency medical care.

Signature of Parent/Guardian

Date

*And may participate in our annual summer Vacation Bible School (if still enrolled during summer months), where they will be interacting with children in the community, church volunteers, and other members.