



**Transportation Plan:**

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

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**Emergency Contact Information:**

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

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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.

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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.

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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

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? \_\_\_\_\_

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:

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## 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 tuition is due prior to or on the first school day of each month (week for Preschool Plus) and that none of these months/weeks are prorated.

Tuition (1<sup>st</sup> child)

\_\_\_\_\_ \$225/month for 3 Day Preschool  
\_\_\_\_\_ \$275/month for 4 Day Preschool  
\_\_\_\_\_ \$325/month for 5 Day Preschool  
\_\_\_\_\_ \$155/**WEEK** for Preschool Plus

Tuition (2<sup>nd</sup> child)

\_\_\_\_\_ \$210/month for 3 Day Preschool  
\_\_\_\_\_ \$260/month for 4 Day Preschool  
\_\_\_\_\_ \$310/month for 5 Day Preschool  
\_\_\_\_\_ \$140/**WEEK** for Preschool Plus

\_\_\_\_\_ A non-refundable registration fee of \$100 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 am aware that tuition rates remain the same regardless of number of classroom days. (Some months/weeks 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.