



Parent's Marital Status:
If divorced or separated, please indicate parent with custody

**3. Billing:**

Please list which parent will be the Primary Guardian for billing. This means that all invoices via ProCare will be listed in that parent's name. Please circle one primary guardian to be listed for billing and paying of invoices or write in Legal Guardian name if not the mother or father.

*Primary Guardian that will be paying tuition: (Circle One)*

Mother Listed	Father Listed
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*Other Guardian that will be paying tuition: (Fill Out One if top option does not apply.)*

Legal Guardian _____	Other _____
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**4. Any Information Important for your Child's Placement or Information we Need to Know**

**5. Transportation Release**

<p><b>These are the only persons allowed to pick up your child.</b>          I will notify BPCEE staff prior to dismissal if I authorize someone else to pick up my child.          I understand that person will be asked to show identification.</p>		
1 <sup>st</sup> Contact Person	2 <sup>nd</sup> Contact Person	3 <sup>rd</sup> Contact Person
Relationship	Relationship	Relationship
Cell Phone	Cell Phone	Cell Phone

## 6. Age Groupings & Enrollment Choices

Placement Age as of 8/15/2024

Age Groupings	Enrollment Choices (9:00 -2:30) Check One	Extended Care (8:00 – 9:00 am)	Extended Care (2:30 – 4:00 pm) Check One
<b>Infant Room</b> 6 to 12 months by 8/15/2024	___ 2 Day (Tuesday & Thursday) \$440.00 ___ 3 Day (Monday, Wednesday, Friday) \$660.00 ___ 5 Day (Monday – Friday) 1,100.00	Not Available	Not Available
<b>Toddler 1</b> Walking & 12 months to 24 months by 8/15/2024	___ 2 Day (Tuesday & Thursday) \$410.00 ___ 3 Day (Monday, Wednesday, Friday) \$552.00 ___ 5 Day (Monday – Friday) \$900.00	___ 2 Day (Tues & Thurs) \$80.00 ___ 3 Day (Mon, Wed, Fri) \$105.00 ___ 5 Day (Mon – Fri) \$155.00	___ 2 Day (Tues & Thurs) \$110.00 ___ 3 Day (Mon, Wed, Fri) \$150.00 ___ 5 Day (Mon – Fri) \$230.00
<b>Toddler II</b> 24 months – 3 years by 8/15/2024	___ 2 Day (Tuesday & Thursday) \$410.00 ___ 3 Day (Monday, Wednesday, Friday) \$552.00 ___ 5 Day (Monday – Friday) \$900.00	___ 2 Day (Tues & Thurs) \$80.00 ___ 3 Day (Mon, Wed, Fri) \$105.00 ___ 5 Day (Mon – Fri) \$155.00	___ 2 Day (Tues & Thurs) \$110.00 ___ 3 Day (Mon, Wed, Fri) \$150.00 ___ 5 Day (Mon – Fri) \$230.00
<b>Transition Room</b> Not potty trained but 3 by 8/15/2024	___ 2 Day (Tuesday & Thursday) \$410.00 ___ 3 Day (Monday, Wednesday, Friday) \$552.00 ___ 5 Day (Monday – Friday) \$900.00	___ 2 Day (Tues & Thurs) \$80.00 ___ 3 Day (Mon, Wed, Fri) \$105.00 ___ 5 Day (Mon – Fri) \$155.00	___ 2 Day (Tues & Thurs) \$110.00 ___ 3 Day (Mon, Wed, Fri) \$150.00 ___ 5 Day (Mon – Fri) \$230.00
<b>PreK 3 Classroom</b> <b>Potty Trained</b> 3 yrs. Old by 8/15/2024	___ 2 Day (Tuesday & Thursday) \$390.00 ___ 3 Day (Monday, Wednesday, Friday) \$490.00 ___ 5 Day (Monday – Friday) \$800.00	___ 2 Day (Tues & Thurs) 80.00 ___ 3 Day (Mon, Wed, Fri) \$105.00 ___ 5 Day (Mon – Fri) \$155.00	___ 2 Day (Tues & Thurs) \$110.00 ___ 3 Day (Mon, Wed, Fri) \$150.00 ___ 5 Day (Mon – Fri) \$230.00
<b>PreK 4 Classroom</b> <b>Potty Trained</b> 4 yrs. Old by 8/15/2024	___ 2 Day (Tuesday & Thursday) \$390.00 ___ 3 Day (Monday, Wednesday, Friday) \$490.00 ___ 5 Day (Monday – Friday) \$800.00	___ 2 Day (Tues & Thurs) \$80.00 ___ 3 Day (Mon, Wed, Fri) \$105.00 ___ 5 Day (Mon – Fri) \$155.00	___ 2 Day (Tues & Thurs) \$110.00 ___ 3 Day (Mon, Wed, Fri) \$150.00 ___ 5 Day (Mon – Fri) \$230.00
<b>PreK 5 Classroom</b> 5 yrs. old by 8/15/2024 Potty Trained	___ 2 Day (Tuesday & Thursday) \$390.00 ___ 3 Day (Monday, Wednesday, Friday) \$490.00 ___ 5 Day (Monday – Friday) \$800.00	___ 2 Day (Tues & Thurs) \$80.00 ___ 3 Day (Mon, Wed, Fri) \$105.00 ___ 5 Day (Mon – Fri) \$155.00	___ 2 Day (Tue & Thurs) \$110.00 ___ 3 Day (Mon, Wed, Fri) \$150.00 ___ 5 Day (Mon – Fri) \$230.00

Only for 4 & 5-year-olds.

My Child will be going to Kindergarten in August of 2024.

Yes

No

### 7. Emergency Contact

<b>Responsible person, other than parent, to contact in an emergency in the event the child's parent cannot be promptly located.</b>		
Name		Relationship to child
Home Address		
Phone	Work Phone	Cell Phone

### 8. Emergency Medical Information

Pediatrician Name	Office Phone
Office Address	
<b>In the event of an emergency I give permission for my child to receive emergency care.</b>	
Preferred Hospital	

### 9. Health Information & Development

Yes	No	Any known allergies? If yes, please list any allergy, severity, and reactions. Treatment:
Yes	No	Any developmental concerns whether diagnosed or not? If yes. Please explain.
Yes	No	Does your child have any physical needs, medical problems, or other physical needs that we need to be aware of concerning your child? If so, explain.
Yes	No	Does your child have any emotional needs, fears, behavioral issues, or social adjustment issues? If so, explain.
Yes	No	Previous school experience (Where)?

### 10. Diaper Ointment/Cream Permission

I give BPCEE permission to apply diaper ointment/cream to my child when diaper area is red, has a rash, or as the teacher feels is needed. Parent must provide diaper cream.

Name(s) of Ointment/Cream (Any Available is an option or put a name of a specific kind.)

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## 11. Parent Signature Page


I understand by signing this application for enrollment that I accept these policies and procedures of BPCEE.

A <b>Pre-Enrollment Visit</b> has been completed.
I have received an electronic or paper copy of the current <b>Parent Handbook</b> .
I agree to abide by the <b>policies</b> defined in the Parent Handbook.
I will provide BPCEE with my child's most up-to-date <b>immunization record</b> .
I have received a copy of the <b>DHS Licensure Summary</b> (located in Parent Handbook).
I understand that BPCEE is a <b>Tobacco Free Facility</b> , meaning <b>no</b> smoking on property.
I understand the importance of the <b>Flu vaccine</b> and received an informational sheet on the <b>Importance of the Flu</b> (digital signature).
I understand that the <b>Personal Safety Curriculum</b> is taught and is required by DHS for children ages 3 year and above. The curriculum is called <b>Keeping Kids Safe</b> and is taught via age appropriate stories that children can listen and discuss during class time (digital signature).
I understand that BPCEE is a <b>Gold Sneaker Facility</b> and we must follow the policies placed by the initiative. To see policies, go to <a href="http://www.tn.gov/health/topic/goldsneaker">www.tn.gov/health/topic/goldsneaker</a>
I understand BPCEE uses their <b>own schedule</b> in the days school is open and closed.
BPCEE also follows Metro Nashville Public Schools in <b>weather closings</b> . There will be no reduction in tuition due to weather closings.
I have reviewed the program's <b>Notice to Withdraw</b> requires a 30-day notice, otherwise payment is due. The program offers no credits or refunds for a child's absent for any reason.
I understand the program's <b>Sign In and Out Procedures</b> .
<b>Child Discipline</b> policies and procedures are addressed in Parent Handbook. This includes our <b>Biting Policy</b> .
DHS requires <b>Healthy Lunches</b> be offered to children at lunch. See Parent Handbook for specifics.
The program's <b>Sick Policy</b> requiring <b>48 hours</b> for good health before returning to school.
I agree to make <b>tuition payments</b> prior to services rendered. I am aware that a late charge of 10% of your monthly tuition will be added to my account if payment is not made on time. <b>Tuition is due by the 10<sup>th</sup> of each month</b> .
The Program's <b>Termination of Services</b> policy states that we reserve the right to terminate our services without notice in certain extreme situations. For example, child/parent behavior, nonpayment, failure to follow procedures, etc.
<b>Risky Behavior</b> Policy which details our responsibilities in denying anyone transportation rights for the child if they appear impaired and unable to drive safely.
I have received the program's <b>Evacuation Management Procedures</b> in case of an emergency, this item is in Parent Handbook.

## 12. Permission for video and photos to be used in social media

Yes	No	I give permission to photograph our child, and for photographs for our child to be used in classroom/program displays.
Yes	No	I give permission for photographs of our child to be published in routine social media coverage including Facebook and or Website.

## 13. Personal Safety Curriculum

	<b>Tennessee Department of Human Services</b> <b>Personal Safety Curriculum Notification</b>
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Since 1985, Tennessee law has required that children in childcare agencies receive annual instruction in personal safety, including child sexual abuse prevention. The personal safety curriculum shall include a Tennessee Department of Human Services (TDHS) recognized component on the prevention of child abuse.

Public Chapter 1032 passed by the General Assembly in 2008 requires that child care agencies have a personal safety curriculum, including a child sexual abuse component, for children enrolled in the agency, and that parents/legal guardians be informed about the curriculum, methods and terminology that will be used in teaching children about personal safety. TDHS was directed to provide guidelines for this curriculum, but individual childcare agencies may choose a curriculum that accomplishes the same goal and may use different terminology in the curriculum. The childcare agency is required to allow parents/legal guardians to review and ask questions about the curriculum, and to meet with representatives of the child care agency if they have questions.

In addition, the child care agency must obtain from parents/legal guardians a form acknowledging that they have been notified of the child sexual abuse/personal safety curriculum being used by the child care agency in which the child is enrolled. A copy of the form is required to be maintained in the child's record.

"Keeping Kids Safe" is the sample personal safety curriculum offered by TDHS. This curriculum takes a holistic approach to the safety of children. The curriculum is composed of the following units: Self Esteem, Family & Friends, Feelings, Problem Solving, Personal Safety (general) and Personal Safety (four to five (4-5) year old's), and Safety Around Me. All sessions begin with group time and are followed by supplemental activities that give children additional practice in understanding the concepts. The curriculum uses hand puppets to serve as a group motivator and to introduce the stories. Together staff and parents decide what terminology to use when referring to the genitals, either the correct anatomical terms or the general term "private body parts" as specified below.

### Childcare agencies, please provide an answer for the questions that follow.

- Identify the personal safety curriculum used by your agency:
  - "Keeping Kids Safe" is the personal safety curriculum used by our childcare agency.
  - Our agency uses another personal safety curriculum described below:

Method of Instruction: Teacher will lead instruction via age appropriate stories that children can listen and discuss during class time. This curriculum is NOT sex education program, but rather a program to teach your child personal safety.

- For all personal safety curriculum, please provide the sample anatomical terminology to be used:

Sample Terminology: Topics: Self-esteem, Feelings, Body Parts, Stranger Danger, Fire Safety, Car Safety, and Problem Solving.  
 Terms used for private parts are the correct anatomical names.

The instructional materials used in the agency personal safety curriculum are available for review by the parents or legal guardians.

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.

Signature of Parent or Legal Guardian

Date

Signature of Agency Representative

Date

Some childcare providers use the "Keeping Kids Safe" personal safety curriculum. The bottom portion of this form lists the web address where you can find this sample curriculum, provided by TDHS. Please take the bottom portion with you so that you can review the curriculum at your leisure.

[https://www.tn.gov/content/dam/tn/human-services/documents/keeping\\_kids\\_safe\\_content\\_updated\\_wdraft\\_cover.pdf](https://www.tn.gov/content/dam/tn/human-services/documents/keeping_kids_safe_content_updated_wdraft_cover.pdf)

#### 14. Flu Signature Page

	<b>Tennessee Department of Human Services</b> <b>Influenza Information Notification Form</b>
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PUBLIC CHAPTER 687 requires the Department of Human Services and the Department of Health to work together to educate parents of children in childcare agencies regarding the importance of immunizing their children against influenza. The Department of Human Services works with childcare 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 Agency Representative: \_\_\_\_\_

Date: \_\_\_\_\_

#### 15. Communication with Office:

Please download our Parent Communication App (ProCare) to communicate with the Education Office.



#### 16. Communication with Classroom

Please download our Parent Communication App to communicate with your child's Classroom Teacher.



#### 17. Parent Signature & Date

I understand the policies of BPCEE and will abide in following these policies listed above and all policies listed in the parent handbook.

Parent Signature	Date
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**18. Office Use Only**

Pre-Enrollment Visit	Enrollment Fees Paid \$
Class Assignment	Check Number                      Cash
Monthly Tuition	Date Received
<b>Days Attending</b>	<b>Extended Care</b>
T/TH                      M/W/F                      M-F	T/TH                      M/W/F                      M-F

**19. Notes & Communication Area for Office:**