



# 2021-2022 Enrollment Form

**For Office Use Only:**  
Received Date \_\_\_\_\_ Time \_\_\_\_\_  
Check No. \_\_\_\_\_ \$ \_\_\_\_\_

☐ Continuing Student    ☐ Sibling of Enrolled Student    ☐ New Student

Class			M-F		M-W-F		Tu/Th
<b>Navigators</b> 3m – 9m	7:00a-5:30p	<input type="checkbox"/>	\$1200	<input type="checkbox"/>	\$820	<input type="checkbox"/>	\$720
<b>Cruisers</b> *10m – 17m Age will vary based on mobility	9:00a-3:00p	<input type="checkbox"/>	\$850	<input type="checkbox"/>	\$550	<input type="checkbox"/>	\$425
<b>Explorers</b> 12 - 24m	7:00a-5:30p	<input type="checkbox"/>	\$1100	<input type="checkbox"/>	\$754	<input type="checkbox"/>	\$654
	9:00a-3:00p	<input type="checkbox"/>	\$775	<input type="checkbox"/>	\$500	<input type="checkbox"/>	\$365
<b>Adventurers</b> 24m - 36m	7:00a-5:30p	<input type="checkbox"/>	\$1000	<input type="checkbox"/>	\$728	<input type="checkbox"/>	\$628
	9:00a-3:00p	<input type="checkbox"/>	\$735	<input type="checkbox"/>	\$460	<input type="checkbox"/>	\$325
<b>Investigators</b> 36m - 48m	7:00a-5:30p	<input type="checkbox"/>	\$950	<input type="checkbox"/>	\$715	<input type="checkbox"/>	\$615
	9:00a-3:00p	<input type="checkbox"/>	\$715	<input type="checkbox"/>	\$450	<input type="checkbox"/>	\$315
<b>Researchers I</b> 48m – 60m	7:00a-5:30p	<input type="checkbox"/>	\$875	<input type="checkbox"/>	\$656	<input type="checkbox"/>	\$556
<b>Researchers II*</b> 60m -72m* *Not Kindergarten	9:00a-3:00p	<input type="checkbox"/>	\$656	<input type="checkbox"/>	\$440	<input type="checkbox"/>	\$300

**Fees:**    **Registration Fee:** \$75 Current Family    \$110 New Family  
**Wait List Fee:** \$35  
**Tuition Rates:** Per Month  
 10% discount on lowest tuition rate for 2nd child enrolled  
**Early Drop-Off 6:30-7:00a available by monthly reservation**  
 (additional \$15 per day fee beginning August 1st)

**Supply Fee:**    January & August  
 5-Day    \$80    \$80  
 3-Day    \$60    \$60  
 2-Day    \$50    \$50  
 Annual Nap Mat Rental (2's & Up) \$25

[Please **Print** - Unless Signature Required]

**Child's Current Age** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Child's Sex**    ☐ M    ☐ F

**Child's Surname Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Preferred Name (if other than first name):** \_\_\_\_\_

**Mother (or Legal Guardian):**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Apt. # \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Work Phone \_\_\_\_\_

**Father (or Legal Guardian):**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Apt. # \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Work Phone \_\_\_\_\_

**Other Emergency Contacts: [Required--Even if contact is out of state or country]**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Hospital Choice \_\_\_\_\_

In the event of an **emergency**, may we take your child to the doctor you have designated if none of the above can be reached? \_\_\_\_\_ May we take your child to the hospital? \_\_\_\_\_

Does your child have special needs regarding health or allergies? \_\_\_\_\_ If yes, please list \_\_\_\_\_

Language spoken at home \_\_\_\_\_ For the safety of your child and others, does your child understand/respond to basic English commands, disciplinary & emergency terms? \_\_\_\_\_

Church/Religious affiliation \_\_\_\_\_ How did you learn about us? \_\_\_\_\_

Child's first school experience? \_\_\_\_\_ Previously Attended Where? \_\_\_\_\_

List characteristics of your child you think would be helpful to caregivers \_\_\_\_\_

Is child potty-trained? \_\_\_\_\_ **POLICY:** All children turning 3, 4 or 5 by August 30<sup>th</sup> must be completely potty trained in order to be enrolled in the program. Teachers in classrooms with toddlers and twos will work alongside parents in helping to potty train children. Please discuss this with your child's teacher. Children ages three and up are expected to be fully potty trained as their classrooms are not equipped with changing stations. We do understand that accidents will occur, but these should be the exception and not the norm.

**Parents Initials** \_\_\_\_\_

**CONDITIONS OF ENROLLMENT**

**Please make checks payable to Christ Church Day School**

For **returning families** a **\$75 non-refundable registration fee** is due **with** the **enrollment application**. For **new families** the **non-refundable registration fee is \$110**. Supply fees are billed in August and January. If joining during the school year, **the registration fee, the supply fee and half of the first month's tuition** will be due at the time of enrollment. They are non-refundable and failure to pay could result in loss of enrollment. Tuition is billed in equal monthly payments at the tuition rate stated. All tuition must be paid monthly by the 6th of each month in order to avoid a late fee. Balances cannot exceed 30 days. Christ Church Day School may implement a tuition increase annually. Advance notice will be given in the event tuition rates change. See "Financial Obligations" for more information.

Any irreconcilable differences between parents and the program policies and guidelines may result in relinquishment of a position within the program. Any concerns should be brought to the program Director. Placement with a specific teacher cannot be guaranteed and any changes to days, times or classroom assignments are subject to availability at the time of request.

\_\_\_\_\_  
**Mother/Legal Guardian Signature**

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

\_\_\_\_\_  
**Father/Legal Guardian Signature**

## Permission/Release to Participate in School Activities & Receive Emergency

In consideration for being accepted by CHRIST CHURCH NASHVILLE for participation in the Christ Church Day School Program, the undersigned, being the lawful parent(s), and/or legal guardian(s) of the child listed below, I/We hereby grant permission for my child to use all of the play equipment and participate in all of the activities and events related to the school. Further, I/We assume all risk of injury of harm to the child associated with participation in the Day School program and agree to release, discharge and agree to hold harmless *Christ Church Nashville, Christ Church Day School*, its staff, employees, directors and agents thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in described program and activities, including negligent, willful or intentional acts of said participant.

Further, I/We hereby grant permission for the Director or teacher to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian and if authorized use EPI Pen/Inhaler as instructed.
2. Attempt to contact the child's physician.
3. Attempt to contact the child's parent or guardian through any of the persons listed on any part of the application.
4. If we are unable to contact you or your child's physician, we will do any or all of the following:
  - a. Contact another physician or clinic
  - b. Call an ambulance or paramedic
  - c. Have the child taken to an emergency hospital in the company of a staff member.

Further to the above, in securing emergency medical care, I hereby give permission for Christ Church Day School to otherwise act on my behalf when I cannot be reached and/or when delay would be dangerous, in order to protect my child, in case of illness or accident, including the administration of anesthesia if surgery is advised by a hospital physician. Any expenses incurred under #4 above will be the responsibility of the child's family. The school will not be responsible for anything that may happen as a result of false information given on this application or at the time of enrollment.

Name of Child Participant: \_\_\_\_\_

Parent(s)/Guardian(s) Names : \_\_\_\_\_

Phone Number(s): Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Any Allergies? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

Please list any medical conditions that we need to be aware of: \_\_\_\_\_

Is child presently on medication? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

**Emergency Medication Authorization:** I hereby give Christ Church Day School Staff permission to administer the stated emergency medication as listed below [i.e. Inhaler, EPI Pen] – **\*\*Note:** For Life-Threatening medical conditions, copy of a physician authorized Emergency Care Plan must be submitted to our files.\*\*

☐ Medication to be given: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time(s) to be given: \_\_\_\_\_ Any Side Effects/Other Instructions: \_\_\_\_\_

Signature: Mother/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Signature: Father/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

## POLICY ACKNOWLEDGEMENT & WAIVER FORMS

**Student's Name:** \_\_\_\_\_

[Please read each section carefully. Sign and date where applicable.]

### Financial Obligations

Tuition is invoiced monthly and is due beginning the 1<sup>st</sup> Day of each month and no later than the **6<sup>th</sup> Day**. It will be considered late beginning the 7<sup>th</sup> Day of each month--regardless of the Day your child attends, and a **\$20 late fee** will be added. If your child is absent during the week tuition is due, you must make arrangements with the Director or Office to avoid late fees. Failure to pay tuition by the 15<sup>th</sup> of the current month could result in your child not being able to attend class or forfeiture of your child's spot within the program. **Balances must not exceed 30 days**. In addition, there is a **\$35 NSF** fee charged on all checks returned for insufficient funds or stopped payment. All extenuating circumstances must be discussed with the Director.

Preferred payment is by CHECK, MONEY ORDER or ELECTRONIC BILL PAY from your personal bank. We do NOT accept cash payments. Square payments can be processed in the Admin office, but the convenience fee will be added to the transaction. If joining during the school year, registration fee, supply fee and half first month's tuition will be due at the time of enrollment. All are non-refundable and failure to pay could result in loss of enrollment.

Please understand that Tuition is billed in **equal monthly** payments. Therefore, **no** reductions are made for personal absences, vacations, school holidays or days missed due to weather or emergency conditions. The initial registration fee or wait list fee cannot be refunded or transferred. Christ Church Day School may implement a tuition increase annually. Advance notice will be given in the event tuition rates change.

If, during the course of the school year, you need to withdraw your child from the program, it is necessary to give a minimum **30-Day written notice** to the office. Please contact the office to request a withdrawal form. Parents are responsible for a full 30 days tuition from the date you provide notice, regardless of whether your child is able to attend during that period and regardless of whether proper notice has been given. Should you wish to return your child to school following a withdrawal period, you must first call the office to determine if space is available. There is a \$75 reinstatement fee.

**I/We agree to uphold the financial obligations as stated above.**

x \_\_\_\_\_ x \_\_\_\_\_

**Parent/Guardian Signatures**

\_\_\_\_\_  
**Date**

## Illness Policy: When to Keep Your Child At Home

Children should **NOT** be brought to the Center if they have any of the following symptoms:

**Diarrhea**

**Discharge from eyes or ears**

**Undetermined rash or spots**

**Fever**

**Severe cold**

**Runny Nose that requires frequent wiping**

**Upset stomach**

**Severe Headache**

*If a child is well enough to attend school, it is expected that they will be able to participate in **all** regularly-scheduled activities.*

We want to keep your child, the classmates, and the teachers as healthy as possible. A child who seems unwell, is appearing listless, lethargic or feverish may be sent home at the discretion of the Director. Parents will be notified to pick up children immediately if signs of illness develop during the day. Parents must pick up children within an hour of being called. Parents should exercise caution with their children's health and keep children home to monitor existing symptoms or in case other unusual symptoms occur. Please use the guide below to determine when to keep your child home. Please remember that CCDS does not administer medication – if your child should need medication during the day you will need to make arrangements to come on site and administer it. (Except as listed under "Emergency Medication Authorization" on Page 4, which is limited to asthma inhalers, allergy EPI-Pens or other emergency medications as outlined by the child's doctor). There are NO exceptions to this policy.

- ✓ Nasal discharge that is heavy enough to require frequent wiping, especially if accompanied by sneezing and/or coughing (colds are most commonly spread by air droplets from sneezing and coughing).
- ✓ Cough that is wet or persistent enough to limit his/her activity, especially if accompanied by other symptoms (runny nose, sneezing, etc.).
- ✓ Temperature of 100 degrees or greater within the past 24 hours. (To return child must be fever-free for 24 hours without the use of medications)
- ✓ Vomiting one or more times in the previous 24 hours.
- ✓ Diarrhea in the previous 24 hours.
- ✓ Conjunctivitis or pink eye. Defined as pink or red eyes with white or yellow discharge, often with matted eyelids after sleep.
- ✓ Infestation (e.g. head lice, scabies). Keep at home until all nits (eggs) have been removed.
- ✓ Rash with fever or behavior change. Rashes include but are not limited to Hand, Foot & Mouth, Impetigo, or rashes that appear without explanation throughout the day. **(Doctors NOTE required by State for classroom return)**
- ✓ RSV diagnosis **(Doctors NOTE required by State for return to the classroom)**
- ✓ Streptococcal infection, until 24 hours after treatment has been initiated. **(State requires Doctors NOTE)**
- ✓ Signs of possible illness including lethargy, irritability, crying, etc.

I/We have read the above **Illness Policy** and agree to its regulations.

x \_\_\_\_\_ x \_\_\_\_\_

**Parent/Guardian Signatures**

\_\_\_\_\_

**Date**

## Covid Policy

Our policy regarding **Covid**, positive household contacts and quarantine: Per the CDC, household contacts must quarantine for a **full 14 days from their last exposure to the positive family member**. That means 14 days from the date of positive test result IF you are isolating the family member. If our children are still in contact with the infected family member(s) they must quarantine 14 days from last contact. **They cannot return to school without documentation of their quarantine ending, or documentation of the date the family member was tested.** If your child is a household contact, they are welcome back after 14 days of quarantine AND symptom free. This is in compliance with both DHS and CDC guidelines. Remember 10 days quarantine is ONLY for people who are testing positive- not the household contacts that are not positive. Documentation should be sent to the Director or Admin Assistant.

## Behavior Policy

While we understand and embrace the typical, varied, and developmentally appropriate behaviors of preschool children, we must always advocate for the safety and total well-being of all the children and adults involved in our program. If a child is involved in any incidence of unsafe behavior--such as repeated biting, biting that breaks or marks the skin, hitting or pushing with aggression, throwing with aggression, using unsafe objects, etc.-- a discipline and redirection process will be implemented. If this redirection process is unsuccessful, and/or we are unable to manage the behavior, the child may be sent home for the day. If the behavior becomes unmanageable day-to-day the Director will call a conference with the parents to address an action plan and/or next steps with regard to enrollment within the program. The Director will use her discretion when it comes to these scenarios, looking at the safety of the group foremost.

**I/We have read both the Covid Policy and the Behavior Policy above and understand and agree to its regulations.**

X \_\_\_\_\_ X \_\_\_\_\_  
 Parent/Guardian Signatures Date

## Photo Waivers (check appropriate boxes)

My Child's Photo Usage	I Grant Permission for use	I Do NOT Grant Permission
Christ Church Day School use of student photos for our Web Page, or Printed Materials.		
CCDS or Christ Church Nashville sharing of student photos or group photos on social media (i.e. Facebook page, Instagram, etc.).		
CCDS use of student photos in video format for a parent program or special event (i.e. Christmas or Graduation), knowing that this will be shared with other families.		
CCDS use of student photos for local news media or local news publication purposes. (i.e. special story)		

X \_\_\_\_\_ X \_\_\_\_\_  
 Parent/Guardian Signatures Date

**State of TN Child's Application**

NOTE: ALL information is required and MUST be completed by the parent/legal custodian. Do NOT leave blanks. If unknown use N/A until it can be added and initialed.

Full Name of Child: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Child's DOB: \_\_\_\_\_ Name the child goes by: \_\_\_\_\_

Is the child related to the primary caregiver? ☐ No ☐ Yes – Relationship: \_\_\_\_\_

Child's school: CHRIST CHURCH DAY SCHOOL ~ 15354 OLD HICKORY BLVD ~ NASHVILLE, TN 37211 ~ 615-834-2748

I have provided the State required immunization records to the above school: ☐ Yes ☐ No

**Parents/Custodial Parents:**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Work Hours: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Work Hours: \_\_\_\_\_

**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

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**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? \_\_\_\_\_

Does he/she react when he/she does not get his/her own way? \_\_\_\_\_

Is the entire family together for any time during the day? \_\_\_\_\_

**Eating Habits:**

At what time does the child eat breakfast? \_\_\_\_\_ Lunch? \_\_\_\_\_ Dinner? \_\_\_\_\_

Between-meal Snacks? \_\_\_\_\_ Does the child feed himself/herself? \_\_\_\_\_

What is the child's general attitude toward eating? \_\_\_\_\_

If the child refuses to eat, how is this handled and by whom? \_\_\_\_\_

Does the child use table utensils? (age appropriate) \_\_\_\_\_

Food Favorites: \_\_\_\_\_

Food Dislikes: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

If the child is an infant, information about the formula, bottle schedule, etc. \_\_\_\_\_

**Sleep Habits:**Has own room: \_\_\_\_\_ Shares room with: ☐ Other Children ☐ Parents

At night sleeps from \_\_\_\_\_ to \_\_\_\_\_ Average Hours of Sleep Per Night: \_\_\_\_\_

Naps from \_\_\_\_\_ to \_\_\_\_\_ Average Hours of Naps: \_\_\_\_\_

Attitude toward going to bed: \_\_\_\_\_

If there is difficulty, how is this handled? \_\_\_\_\_

Habits associated with going to bed? \_\_\_\_\_

Is bed wetting an issue? \_\_\_\_\_ At nap time? \_\_\_\_\_ At night? \_\_\_\_\_

If yes, how is the situation handled? \_\_\_\_\_

Does the child have a special comforting item? (blanket, stuffed toy) \_\_\_\_\_

**Toilet Habits:****\*\* PLEASE NOTE OUR POLICY REQUIREMENTS FOR POTTY TRAINING \*\***

Time at which child is taken to the bathroom? \_\_\_\_\_

Time of bowel movement? \_\_\_\_\_ Regular? \_\_\_\_\_ Constipated? \_\_\_\_\_

Does the child tell you when he/she needs to go and goes 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 your child have any problems walking, running or moving? Explain: \_\_\_\_\_

Does your child have problems ☐ Seeing ☐ Hearing Explain: \_\_\_\_\_

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 ☐ Shy

Has the child had any health problems in the past? \_\_\_\_\_

Does the child have any **allergies**? If so, to what? \_\_\_\_\_

How severe? \_\_\_\_\_

Does the child take any medication regularly? What and when? \_\_\_\_\_

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

\_\_\_\_\_ Asthma \_\_\_\_\_ Cerebral palsy \_\_\_\_\_ Developmental delay \_\_\_\_\_ Seizure disorder  
 \_\_\_\_\_ Diabetes \_\_\_\_\_ Frequent earaches \_\_\_\_\_ Hemophilia Other: \_\_\_\_\_

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

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

**REQUIRED: Please complete, initial and sign the following:**

- I visited the child-care facility prior to enrolling my child \_\_\_\_\_ (Parent Initials)
- Returning CCDS Family \_\_\_\_\_ OR Date of Tour \_\_\_\_\_
- I understand any changes to the above Child’s Application must be entered and initialed \_\_\_\_\_ (Parent Initials)
- I have read and understand the Parent Policies \_\_\_\_\_ (Parent Initials)

**The above information is true and accurate to the best of my knowledge and I acknowledge that I have been provided a copy of the Tennessee Department of Human Services Summary of Licensing Requirements for Child Care Centers as it applies to the program. (See Attached)**

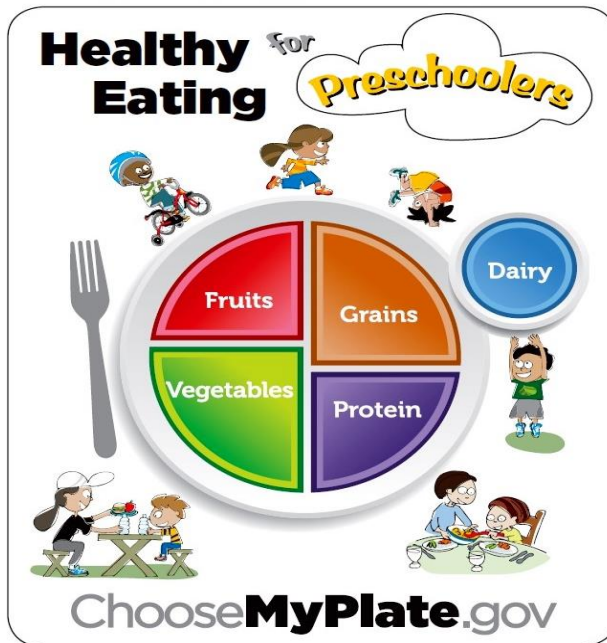
**Parents Signatures** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_

**FOOD COMPONENTS:** As a State licensed facility, we have provided each family with a copy of the USDA Food & Nutrition Guidelines for children ages 2-5 years. It is our desire to partner with our families in helping to establish healthy eating habits for your child that will benefit them now and for life.



United States Department of Agriculture



Food and Nutrition Service  
USDA is an equal opportunity provider and employer.

Based on the Dietary Guidelines for Americans.

### Get your child on the path to healthy eating.



#### Offer a variety of healthy foods.

Choose foods from each MyPlate food group. Pay attention to dairy foods, whole grains, and vegetables to build healthy habits that will last a lifetime.

#### Be mindful of sweet drinks and other foods.

Offer water instead of sugary drinks like regular soda and fruit drinks. Other foods like hot dogs, burgers, pizza, cookies, cakes, and candy are only occasional treats.

#### Focus on the meal and each other.

Your child learns by watching you. Let your child choose how much to eat of foods you provide. Children copy your likes, dislikes, and your interest in trying new foods.

#### Be patient with your child.

Children enjoy food when eating it is their own choice. Some new foods take time. Give a taste at first and wait a bit. Let children serve themselves by taking small amounts. Offer new foods many times.

#### Cook together.

#### Eat together.

#### Talk together.

#### Make meal time family time.



FNS-451  
Revised December 2016

## Healthy Eating for preschoolers

## Daily Food Checklist



Use this Checklist as a general guide.

- This food checklist is based on average needs. Do not be concerned if your child does not eat the exact amounts suggested. Your child may need more or less than average. For example, food needs increase during growth spurts.

- Children's appetites vary from day to day. Some days they may eat less than these amounts; other days they may want more. Let your child choose how much to eat. Throughout a day, offer amounts shown below.

Food group	2 year olds	3 year olds	4 and 5 year olds	What counts as:
<b>Fruits</b> Focus on whole fruits 	1 cup	1 – 1½ cups	1 – 1½ cups	½ cup of fruit? ½ cup mashed, sliced, or chopped fruit ½ cup 100% fruit juice ½ small banana 4-5 large strawberries
<b>Vegetables</b> Vary your veggies 	1 cup	1 – 1½ cups	1½ – 2 cups	½ cup of veggies? ½ cup mashed, sliced, or chopped vegetables 1 cup raw leafy greens ½ cup vegetable juice 1 small ear of corn
<b>Grains</b> Make half your grains whole grains 	3 ounces	3 – 5 ounces	4 – 5 ounces	1 ounce of grains? 1 slice bread 1 cup ready-to-eat cereal flakes ½ cup cooked oatmeal, rice, or pasta 1 tortilla (6" across)
<b>Protein Foods</b> Vary your protein routine 	2 ounces	2 – 4 ounces	3 – 5 ounces	1 ounce of protein foods? 1 ounce cooked meat, poultry, or seafood 1 egg 1 Tablespoon peanut butter ¼ cup cooked beans or peas (kidney, pinto, lentils)
<b>Dairy</b> Choose low-fat or fat-free milk or yogurt 	2 cups	2 – 2½ cups	2½ cups	½ cup of dairy? ½ cup milk 4 ounces yogurt ¾ ounce cheese

Some foods are easy to choke on while eating. Children need to sit when eating. Foods like hot dogs, grapes, and raw carrots need to be cut into small pieces the size of a nickel. Be alert if serving 3- to 5-year-olds foods like popcorn, nuts, seeds, or other hard foods.

There are many ways to divide the Daily Food Checklist into meals and snacks. View the "Meal and Snack Patterns and Ideas" to see how these amounts might look on your preschooler's plate at [www.ChooseMyPlate.gov/preschoolers-meal-and-snack-patterns](http://www.ChooseMyPlate.gov/preschoolers-meal-and-snack-patterns).



**Child's Name** \_\_\_\_\_

(Choose only ONE below; Does not apply to Infants)

**Parent Wants To Be NOTIFIED about Special Snacks  
[For Food Allergies or Diet Restrictions]**

I hereby request that **I be NOTIFIED in writing prior** to any snacks/treats being given to my child during the school year. I understand that special treats may be brought in for celebrations (**i.e. birthdays; holidays**) and that every effort will be made to give parent ample notice. However, my child will not be permitted to participate in any special snack/treat without prior consent.

**By signing this form, I acknowledge that my child HAS either:**

**Food-type Allergies to** \_\_\_\_\_  
**or Dietary Restrictions** \_\_\_\_\_

**and that I will provide an alternative special snack** in the event that they are not able to participate in special treats or snacks that may be provided.

\_\_\_\_\_ Date \_\_\_\_\_

*Parent/Guardian Signatures*

**Parent Grants PERMISSION To Participate In  
Special Snacks**

I hereby **grant permission** for my child to participate in any special snacks or treats during the school year. I understand that may also include treats brought in by other students or even those provided by Christ Church and Christ Church Day School on special celebration days.

**By signing this form, I hereby acknowledge that my child has NO food type Allergies or Dietary Restrictions and is able to participate in any special treats or snacks** that may be provided throughout the year.

\_\_\_\_\_ Date \_\_\_\_\_

*Parent/Guardian Signatures*



# Safe Release Information

Dear Parents,

In our efforts to ensure your child's safety, we would like to take a moment to outline the security procedures we will have in place for our Day School program. This will help to ensure that your child is accounted for daily and released only to authorized persons that you have personally designated.

**You will find a copy of our security sheet following this letter.** It is necessary for every family to complete one for each child enrolled in our program, listing all persons [including mother and father] authorized to pick up your child. We will then provide the teacher with a security sheet for every child assigned to their class. Your child's list should always be kept up-to-date, and you may stop by the office anytime to do that. We can add multiple pages as needed.

Each day your child attends school, you will be required to sign them in and list the person who will be responsible for picking them up that afternoon. Should the pick-up person change during the course of the day, you must call the office to notify us--even if it is just a switch from mom to dad. We will then let the teacher(s) know of the change, so that they will use the proper protocol and know to whom they are releasing your child. If the person picking up has never met the teacher(s) before, they should be prepared with photo ID. Please also understand that for safety reasons we cannot in good conscience release a child to anyone, including the parent, who appears to be physically unstable or intoxicated.

Please note that we are asking each family to submit a **password/code**. This will be asked for in the event that you as a parent need to call and change the person listed to pick-up for that day, or to have one added to the release sheet. The password is necessary so that we can be sure it is, in fact, the parent/guardian we are talking to. Your password can be a word, date, pet name etc.--as long as it remains confidential only to family authorized to call about your child. **It is highly recommended that you make a note of the password to keep in your purse, wallet, or cell phone.** In the past we have had parents call to make a change in the pick-up person for that day and cannot remember their password. Please remember that your child's safety is our #1 priority. We are taking great lengths to ensure the safety of all the children enrolled in the program and we thank you for your cooperation.

(1) \_\_\_\_\_  
 Name **Mother/Legal Guardian** Phone #

(2) \_\_\_\_\_  
 Name **Father/Legal Guardian** Phone #

Name	Relationship	Phone #
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Name	Relationship	Phone #
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Name	Relationship	Phone #
Mr. J. Smith	Uncle	555-123-4567
Ms. A. Jones	Sister	555-987-6543
Mr. B. Brown	Brother	555-234-5678
Ms. C. Green	Mother	555-345-6789
Mr. D. White	Father	555-456-7890

[illegible]

Name	Relationship	Phone #
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**\*\*Any person NOT authorized to pick-up my child that should be noted for file:\*\***

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Name \_\_\_\_\_

Relationship

Parent(s)/Guardian Signature:

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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



CHILD'S NAME \_\_\_\_\_

**Page 2 (as needed)**

Additional Persons I Authorize to Pick-up My Child (less frequent basis):

Name	Relationship	Phone #
Name	Relationship	Phone #
Name	Relationship	Phone #
Name	Relationship	Phone #
Name	Relationship	Phone #
Name	Relationship	Phone #
Name	Relationship	Phone #
Name	Relationship	Phone #





**TENNESSEE DEPARTMENT OF HUMAN SERVICES**

**SUMMARY OF LICENSING REQUIREMENTS FOR CHILD CARE CENTERS**

This summary is a guide for parents of children in child care centers. It outlines some of the requirements child care agencies must meet in order to be licensed. The Department of Human Services is legally responsible for licensing child care centers with 13 or more children. **The purpose of licensing is to protect your child.** Questions about these requirements or concerns about an agency's compliance should be referred to the local DHS office. You may ask your agency to see the complete set of center rules or you can access the rules through the Department's website at: <http://tn.gov/humanservices/topic/child-care-services>

**Ownership, Organization, and Administration**

- Every child care center shall have an on-site director.
- General liability, automobile liability and medical payment insurance coverage shall be maintained on the operations of the child care agency's facilities and vehicles.
- Enrollment of children under six (6) weeks of age is prohibited.
- Children shall not be in care for more than twelve (12) hours in a twenty-four (24) hour period except in special circumstances.
- Written documentation that the parent performed an on-site visit to the agency to review the agency's facility and child care policies & practices prior to enrolling the child (not required for children of homeless families).
- A copy of the agency's policies, procedures, and the Department's Summary of Licensing Requirements shall be supplied to the parent upon admission of the child.
- Parents shall be permitted to see the professional credential(s) of staff upon request.
- During operating hours, parents shall be permitted immediate access to their children.
- Children shall only be signed in and out of the center by the parent or other person specifically authorized by the parent or the appropriate staff person.
- Children's Records
  - Written consent for emergency medical care.
  - Written plan stating to whom the child shall be released.
  - Written transportation agreement between parent and the center regarding daily transportation.
  - Daily attendance that includes time in and time out for each child.
  - Prior written permission of parent for each off-site activity.
  - The records of any child who is five (5) years old in an agency which lacks approved kindergarten status shall include a signed acknowledgment by the child's parents that recognizes that the child's attendance does not satisfy the mandatory kindergarten prerequisite for the child's enrollment in first grade.
  - Children who are homeless or in state custody may receive care for up to thirty (30) days without documentation of immunizations.
- Incidents, accidents and injuries shall be reported to the parent as soon as possible, but no later than the child's release to the parent or authorized representative.
- Incidents, accidents and injuries to children shall be documented immediately and must include: date & time of occurrence, description of circumstances, and actions taken by agency.

- The agency or agency staff shall not disclose or knowingly permit the use by other persons of any information concerning a child or family except as required by law.
- During hours of operation the current license and agency report card shall be posted near the main entrance in a conspicuous location.
- Written expulsion policy clearly shared with parents and staff.

**Supervision**

- All areas of the building and grounds shall be visually inspected for children prior to closing the agency for the day.
- Children six (6) weeks through nine (9) years of age:
  - Adult must be able to hear the child at all times, be able to see the child with a quick glance, and be able to physically respond immediately.
  - Exception: during mealtime an adult must be in the direct sight and sound of children ages six (6) weeks through five (5) years of age, not in kindergarten, while the child is eating.
- Children ten (10) years of age and older:
  - Adult must know the whereabouts and activities of the children at all times.
  - Each child shall be greeted and received by a specific caregiver who will have ultimate responsibility for their supervision and care.
  - When children leave a caregiver's assigned area and go to another, the center shall implement a system to track the whereabouts of each child and recognize the transfer of responsibility from one caregiver to another.
- When children ages ten (10) and above are grouped with children under ten (10) the minimum supervision requirements for children six (6) weeks through nine (9) years shall apply.
- When more than twelve (12) children are present on the premises a second adult must be physically available on the premises.
- When more than twelve (12) children in first grade and above are present, a separate group, space and program shall be provided for them.
- Each child must be on roll in a defined group and assigned to that group with a specific caregiver(s).
- Infants shall not be grouped with children older than thirty (30) months, and a separate area shall be provided for them.
- Children shall be kept with the same group throughout the day and shall not be moved, shuffled, or promoted to a new group until required based upon the developmental needs of the child, however

- Groups, excluding infants & toddlers may be combined for short periods for special activities of no more than thirty (30) minutes per day
- Groups, excluding infants & toddlers may be combined for up to one (1) hour at the beginning & end of the day as outlined in the A:C ratios:

Ratio Chart - First/Last Hour of Each Day Only

Group Size ►	10	15	20
2.5 – 12 Years	1:10		
3 – 12 Years		1:15	
4 – 12 Years			1:20

- A:C ratios must be maintained while children are indoors and on the playground.
- A:C ratios and group sizes may exceed the required limit by up to ten percent (10%) no more than three (3) days per week, provided however:
  - Infant & toddler groups may never exceed the required ratios & group sizes.
  - The licensed capacity of the classroom may not be exceeded.
- Adult:Child ratio and grouping chart:

Age of children at beginning of school year	Minimum Adult:Child Ratio	Maximum Group Size
Infants (6wks. - 15 mos.)	1:4	8
Infants/Toddlers (6wks. - 30 mos.)	1:5	10
Toddlers (12 mos. - 30 mos.)	1:6	12
2 years (24-35 mos.)	1:7	14
2 – 4 years	1:8	16
2 ½ - 3 yrs. (30 - 47 mos.)	1:9	18
2 ½ - 5 yrs.	1:11	20
2 ½ - 12 yrs.	1:10	10
3 years	1:9	18
4 years	1:13	20
3 - 5 yrs.	1:13	22
4 - 5 yrs.	1:16	24
5 years	1:16	20
5 - 12 yrs.	1:20	No Max
School-Age (K & above)	1:20	No Max

- Ratios can be relaxed during naptime and nighttime care but one (1) adult must be awake and supervising the children in each nap/sleeping area (infant/toddler ratios must be maintained).
- Supervision During Off-Site Activities
  - A:C ratios for preschool children doubled during off-site activities.
  - A:C ratios for school-age children during off-site activities must equal the number of trained caregivers required in the classroom plus additional adults:

Number of Children	Trained Caregivers	Additional Adults	Total Adults Required
1 - 20	1	1	2
21 – 30	2	1	3
31 – 40	2	2	4
41 - 50	3	2	5

- A minimum of two (2) adults is required for any off-site activity.
- Supervision During Swimming:

Age Group	Ratio
Infants (6wks – 12 mos.)	1:1
Toddlers/Twos (13 – 35 mos.)	1:2
Three Year Olds	1:4
Four Year Olds	1:6
Five Year Olds	1:8
School-age & Above	1:10

- Group swimming is not prohibited but recommended due to the high risk.
- Sudden Infant Death Syndrome Precautions:
  - Infants positioned on backs when placed in crib for sleeping.
  - Soft bedding is prohibited for infants to avoid risk of smothering.
  - Infants touched by caregiver every fifteen (15) minutes in order to check for breathing and body temperature.

#### Staff

- At least one adult available on the premises at all times during child care hours must be able to read & write English.
- Caregivers must be at least 18 years of age.
- Staff under 18 years must be supervised by an adult while in the presence of children.
- Each group of children must have at least one caregiver present who has a high school diploma or equivalent.
- Substitutes providing services for 36 or more hours in a calendar year must have a physical and a criminal background check.
- Volunteers can not be used to meet the adult:child ratios unless they meet the qualifications for substitutes.
- Criminal background checks are required (at least every five years) for employees who have contact with children.
- Pre-service training for all staff prior to assuming duties.
- Ongoing training required in ten (10) specific health and safety topics.

#### Equipment for Children

- Individual lockers or cubbies, separate hooks and shelves or other containers, placed at children's reaching level, shall be provided for each child's belongings.
- In infant/toddler rooms, equipment and space shall be provided for climbing, crawling, and pulling without the restraint of playpens or cribs.
- Indoor equipment, materials, and toys shall be available to provide a variety of developmentally appropriate activities so that each child has at least three (3) choices during play time.
- Climbers, swings and other heavy equipment must be anchored even if they are designed to be portable.
- Resilient surfacing is required in fall zones around playground equipment.
- A quiet rest area and cots or mats shall be available for all children who want to rest but no child shall be forced to nap.
- For health & safety reasons each crib, cot, bed or mat shall be labeled to assure that each child naps on his own bedding.

#### Program

- Each caregiver shall be responsible for providing consistent care for a specific infant(s)/toddler(s) which includes but is not limited to: planning, and record-keeping for the child, communication, general interaction with and routine care of the child.
- Children shall not be left in restraining devices such as swings, car seats, or high chairs (in excess of thirty (30) minutes). Stimulation shall be provided to children in those settings.



- Programs, movies, computer games, and music with violent or adult content (including "soap operas") shall not be permitted in children's presence.
- If television, video tapes/DVDs, video/computer games, and/or movies are used, they shall be limited to two (2) hours per day, or the length of a movie if more than two (2) hours in the case of school-agers.
- Other activity choices shall be available to children during television/movie viewing or computer use.
- An opportunity for outdoor play shall be extended to children of all ages who are in care for more than three (3) daylight hours unless outdoor play is prohibitive.
- Children shall be provided an opportunity for outdoor play when the temperature range, after adjustment for wind chill and heat index, is between thirty-two (32) degrees and ninety-five (95) degrees Fahrenheit and not raining; children shall be properly dressed and the length of time outside adjusted according to the conditions and the age of the child.
- During outdoor play caregivers shall be alert for signs of dehydration, heat stroke, frostbite, etc., dependent upon the season.
- Spanking or any other type of corporal punishment is prohibited.
- Discipline that is potentially shaming, humiliating, frightening, verbally abusive, or injurious to children shall not be used.
- Discipline shall not be related to food, rest, or toileting.
- Staff shall plan ahead for developmentally appropriate activities; written lesson plans shall be provided for children of each age group.
- For ages three (3) through school-age, a curriculum shall be offered that shall include instruction, at least once a year, in personal safety – parents notified of and given an opportunity to review the curriculum.
- For school-age children the curriculum shall include instruction on reporting physical, verbal or sexual abuse.

#### **Health & Safety**

- Children shall be checked upon arrival and observed for signs of communicable disease during the day.
- Symptomatic children shall be removed from the group until parents are contacted and health issues are resolved.
- At least one staff with certification in first aid and one certified in CPR on duty at all times.
- The agency, in consultation with appropriate local authorities, shall develop a written plan to protect children in the event of disaster.
- All home/work contact numbers for parents shall be readily available to all staff.
- Impetigo and diagnosed strep shall be treated appropriately for 24 hours prior to readmission to the center.
- Children diagnosed with scabies or lice shall have proof of treatment and be free of nits prior to readmission.
- Serious injuries or signs of serious illness shall be reported to the parent immediately to arrange for emergency treatment.
- Accidents, injuries, and every sign of illness shall be reported, or a reasonable attempt made to report, to the parent as soon as possible, but no later than the child's release to the parent or authorized representative.
- All medications, prescribed and non-prescribed, shall be received from the parent by a designated staff person or management level staff person.

- Medication shall never be handled by children or administered in bottles or infant feeders unless authorized by a physician.
- All medications shall be inaccessible to children.
- Unused medication shall be returned to the parent.
- Smoking is not permitted in the presence of children.
- The use of alcoholic beverages is not permitted in child care centers during the hours of operation of the center.
- Firearms shall not be on the premises of a child care agency, in any vehicle used to transport children or in the presence of a child.
- Staff's personal belongings (purses, backpacks, coats, etc.) shall be inaccessible to children at all times.
- For the protection of children and adults, the Centers for Disease Control guidelines for handwashing and diapering procedures shall be followed.
- If older children are enrolled who lack independent toileting abilities, rules regarding diapering of preschool children shall apply; they shall be changed in a location designated for that purpose and which provides privacy from other children and adults.
- In order to avoid the spread of airborne diseases children shall be positioned on mats in a face to feet alternating pattern during naptime.
- All staff, substitute staff, volunteers are required to immediately report any reasonable suspicion of child abuse or neglect.

#### **Food**

- If any agency provides meals, the agency shall provide developmentally appropriate meals, snacks, and drinks for each child that are of sufficient proportions and nutritional value to meet each child's health needs.
- A meal shall be offered to children who arrive before 7:00 a.m. and have not had breakfast at home.
- All special needs diets shall be prepared as prescribed by a physician or by the written instructions of the parent.
- Staff shall support and facilitate a parent's decision to continue breast feeding.
- Children shall not be permitted to carry a bottle with them throughout the day.
- Caregivers and children shall wash their hands with soap and water.
- At mealtime, children shall be seated at tables and chairs of appropriate size, and adults shall sit with them.
- Frozen breast milk shall be dated when expressed.
- All formulas remaining in bottles after feeding shall be discarded.
- Microwave ovens, bottle warming devices, and crock pots, including cords, shall not be accessible to preschool children.
- School-age children shall use microwaves only under direct supervision.
- Previously opened baby food jars shall not be accepted in the center. If food is fed directly from the jar by the caregiver, the jar shall be used for only one feeding.
- Children shall never be left without adult supervision while eating.
- Home canned food and raw milk are prohibited.

#### **Physical Facilities**

- All facilities shall annually pass an inspection verifying compliance with all applicable state and local fire and environmental requirements.
- At least one (1) working, land-line telephone shall be present in the agency.

- If used, answering machines/voice mail shall be monitored at thirty (30) minute intervals except when staff and children are off premises.
- Parents informed that answering machines/voice mail are used.
- A minimum of thirty (30) square feet of usable indoor play space must be provided for each child.
- Outdoor play areas shall contain a minimum of fifty (50) square feet of usable play space for each child using the area at one time.
- Window blind cords and electrical cords on equipment shall be inaccessible to children.
- All rooms used by children shall be maintained at a temperature of between 68 to 78 degrees by means of heating, cooling or ventilation sources approved for use.
- Swimming pools and/or wading pools shall not be used without prior approval by the Health Department.
- If animals or birds are kept in classrooms as pets, they shall be caged away from the food storage and preparation area, and cages kept clean.

#### **Transportation**

- An adult must be in the vehicle whenever a child is in the vehicle.
- A passenger log with the first and last name of each child shall be used to track the loading and unloading of children during transport.
- If the child was loaded from home, the parent or other authorized person will additionally sign the log indicating that the child was placed on the vehicle.
- The log shall be updated as children are released from the vehicle.
- When the child is released to a parent or other authorized person, that person must sign the log indicating the release of that child to them.
- Immediately upon unloading the last child the driver must walk through the vehicle to confirm that all the children are off the vehicle.
- If a monitor was on the vehicle they shall walk through the vehicle as well.
- A designated agency person who did not ride on the vehicle shall also conduct a walk through of the vehicle.
- Drivers must submit to an annual health examination and pass a drug screening test.
- Drivers and monitors have certification in CPR and First Aid.
- All child care vehicles designed by the manufacturer to carry ten (10) or more passengers must be inspected by the Department of Safety.
- Effective January 1, 2007 all child care vehicles designed to carry ten (10) or more passengers must conform to the Federal Motor Vehicle Safety Standards for school buses.
- Child passenger restraints must be used in accordance with state law.
- Signage that includes the agency name and phone number and the Department's toll-free Child Care Complaint phone number must be on child care vehicles.
- Children shall not spend more than forty-five (45) minutes traveling one way to or from the agency's facility or to and from school (this provision does not apply to field trips).

#### **Care of Children with Special Needs**

- When children with disabilities are enrolled, all reasonable and appropriate efforts shall be made to provide each child an equal opportunity to participate in the same program activities as their peers.

- The agency shall have written individualized emergency plans for each disabled child who requires more assistance in emergencies.

#### **Sick Child Care**

- This type of care includes the supervision, protection, and meeting the basic needs of children who have short term illness, symptoms of illness, or who have a medical or technological dependency that requires continuous nursing intervention.
- Agencies that provide sick child care either as an exclusive service or as a component of an existing child care service must comply with additional rules specific to this type of care.

**You can access the Department's website at:**

**<http://tn.gov/humanservices/topic/child-care-services>**

**A wealth of child care information can be found on the Department's website.**

**You can:**

- **Learn more about the rules**
- **Learn more about the types of regulated care**
- **Locate a child care provider**
- **Learn more about the Report Card and Star Quality Program**
- **Locate the local child care licensing office**
- **Review the current personal safety curriculum**
- **Read about new initiatives**
- **Locate the nearest child care certificate office**
- **Find info on choosing child care**
- **Locate a resource and referral center**

**And much more!**

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#### **Report Card & Star Quality Program**

**<http://tnstarquality.org>**

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#### **Child Care Resource & Referral Centers**

**Currently, there are eight CCR&R centers located throughout the state. The centers help parents find the type of care that is best for their child or children. These community resources also give providers technical assistance to better serve the children in their care. Contact information for the CCR&R centers can be found on the Child Care Services website.**

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#### **Child Care- Complaint Hotline**

**NASHVILLE AREA: 615-313-4820  
LONG DISTANCE: 1-800-462-8261**

**If you have a concern about an existing child care agency or wish to report an illegal operation you can call the Department's complaint hotline.**

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**Department of Children's Services  
Report Child Abuse or Neglect Hotline  
1-877-237-0004**

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**Information about child health, education, and development as well as available state services can be found at:**

**<https://www.kidcentraltn.com/>**