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



# 2025-2026 Family Enrollment Form

Fall Enrollment Fee of 120.00 will be billed to Playground Account.

# 1. Child Information

Child's Full Name:			
Preferred Name, if o	ther than firs	st name:	
Sex (circle one):	Male	Female	
Address:			
Child's Age as of A	ugust 15, 202	25:	Date of Birth:

# 2. Parent Information

Mother's Name	Father's Name
Employer	Employer
Occupation	Occupation
Work Phone	Work Phone
Cell Phone	Cell Phone
Email	Email

Siblings or Other Children Living in Home	Ages & School

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

### 3. <u>Billing:</u>

Please understand that all tuition is due one month prior to care.

Example August tuition is due by July 10<sup>th</sup>.

All tuition is billed on the first of every month and due by the 10 of the month. Late fees will be added to accounts that do not pay in a timely manner. If issues arise, please speak to the Early Education Office as soon as possible about payment.

Payments are evenly distributed for each month, so when we are out for fall, winter, or spring breaks the same tuition is due.

## 4. Tuition Rates

**Playschool** 12 months to 36 months, non-potty trained.

Playschool (9 am to 2:30 pm)	Monthly Tuition	Schedule
2 Days	450.00	Tuesday & Thursday
3 Days	600.00	Monday, Wednesday, Friday
5 Days	900.00	Monday - Friday

**Preschool** 36 months to 5 years, potty trained.

Preschool (9 am to 2:30 pm)	Monthly Tuition	Schedule
2 Days	430.00	Tuesday & Thursday
3 Days	530.00	Monday, Wednesday, Friday
5 Days	800.00	Monday - Friday

Extended Care Available for Playschool & Preschool Children. Limited Spots Available.

Before Care (8am to 9 am)	Monthly Tuition	Schedule
2 Days	85.00	Tuesday & Thursday
3 Days	110.00	Monday, Wednesday, Friday
5 Days	160.00	Monday - Friday

After Care (2:30 pm – 4 pm)	Monthly Tuition	Schedule
2 Days	115.00	Tuesday & Thursday
3 Days	155.00	Monday, Wednesday, Friday
5 Days	235.00	Monday - Friday

#### **Other Fees and Rates**

Fee	Monthly Tuition
120.00	Fall Enrollment
50.00	Drop-In Day (9-2:30)
25.00	Drop-In Early Care (8-9)
30.00	Drop-In After Care (2:30-4)

# 5. <u>Age Groupings & Enrollment Choices</u> Placement Age as of 8/15/2025

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
Toddler 1 12 months non-walking to 18 months by 8/15/2025 Toddler II Walking and 18 months to 24 months by 8/15/2025	2 Day (Tuesday & Thursday) \$450.00 3 Day (Monday, Wednesday, Friday) \$600.00 5 Day (Monday – Friday) 900.00 2 Day (Tuesday & Thursday) \$450.00 3 Day (Monday, Wednesday, Friday) \$600.00 5 Day (Monday – Friday) \$900.00	2 Day (Tues & Thurs) \$85.00 3 Day (Mon, Wed, Fri) \$110.00 5 Day (Mon – Fri) \$160.00 2 Day (Tues & Thurs) \$85.00 3 Day (Mon, Wed, Fri) \$110.00 5 Day (Mon – Fri) \$160.00	2 Day (Tues & Thurs) \$115.00 3 Day (Mon, Wed, Fri) \$155.00 5 Day (Mon – Fri) \$250.00 2 Day (Tues & Thurs) \$115.00 3 Day (Mon, Wed, Fri) \$155.00 5 Day (Mon – Fri) \$250.00
Toddler III 24 months – 36 months by 8/15/2025	2 Day (Tuesday & Thursday) \$450.00 3 Day (Monday, Wednesday, Friday) \$600.00 5 Day (Monday – Friday) \$900.00	2 Day (Tues & Thurs) \$85.00 3 Day (Mon, Wed, Fri) \$110.00 5 Day (Mon – Fri) \$160.00	2 Day (Tues & Thurs) \$115.00 3 Day (Mon, Wed, Fri) \$155.00 5 Day (Mon – Fri) \$235.00
Transition Room Not potty trained but 3 years old by 8/15/2025	2 Day (Tuesday & Thursday) \$450.00 3 Day (Monday, Wednesday, Friday) \$600.00 5 Day (Monday – Friday) \$900.00	2 Day (Tues & Thurs) \$85.00 3 Day (Mon, Wed, Fri) \$110.00 5 Day (Mon – Fri) \$160.00	2 Day (Tues & Thurs) \$115.00 3 Day (Mon, Wed, Fri) \$155.00 5 Day (Mon – Fri) \$235.00
PreK 3 Classroom <u>Potty Trained</u> 3 yrs. Old by 8/15/2025	2 Day (Tuesday & Thursday) \$430.00 3 Day (Monday, Wednesday, Friday) \$530.00 5 Day (Monday – Friday) \$800.00	2 Day (Tues & Thurs) 85.00 3 Day (Mon, Wed, Fri) \$110.00 5 Day (Mon – Fri) \$160.00	2 Day (Tues & Thurs) \$115.00 3 Day (Mon, Wed, Fri) \$155.00 5 Day (Mon – Fri) \$235.00
PreK 4 Classroom <u>Potty Trained</u> 4 yrs. Old by 8/15/2025	2 Day (Tuesday & Thursday) \$430.00 3 Day (Monday, Wednesday, Friday) \$530.00 5 Day (Monday – Friday) \$800.00	2 Day (Tues & Thurs) \$85.00 3 Day (Mon, Wed, Fri) \$110.00 5 Day (Mon – Fri) \$160.00	2 Day (Tues & Thurs) \$115.00 3 Day (Mon, Wed, Fri) \$155.00 5 Day (Mon – Fri) \$235.00
PreK 5 Classroom 5 yrs. old by 8/15/2025 Potty Trained	2 Day (Tuesday & Thursday) \$430.00 3 Day (Monday, Wednesday, Friday) \$530.00 5 Day (Monday – Friday) \$800.00	2 Day (Tues & Thurs) \$85.00 3 Day (Mon, Wed, Fri) \$110.00 5 Day (Mon – Fri) \$160.00	2 Day (Tue & Thurs) \$115.00 3 Day (Mon, Wed, Fri) \$155.00 5 Day (Mon – Fri) \$235.00

Only for 4 & 5-year-olds.

My Child will be going to Kindergarten in August of 2026.

Yes

# 6. <u>Any Information Important for your Child's Placement or Information we Need to Know.</u> <u>Or other important information.</u>

## 7. Transportation Release

**These are the only persons allowed to pick up your child.** 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.

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

# 8. Health Information & Development

Yes No	Any known allergies? If yes, please list any allergies, 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)?

# 9. Emergency Contact

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

# 10. Emergency Medical Information

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



# 11. 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. Parents must provide diaper cream.

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

# 12. Potty Training Requirements

At BPCEE, we understand that potty training is a big part of a child's development and independence. We are here to help you with techniques and suggestions; but all children are different. BPCEE will work in cooperation with parents to ensure communication, techniques used, and potty-training style used by the family. We ask that families have an open line of communication with their child's teacher during this particularly important developmental stage. We ask that your child be fully potty trained for 2 weeks before sending your child in regular underwear. This is to ensure the play areas remain sanitary for all the students to enjoy. If you choose to use pull ups, we ask that you use the pull-ups that have Velcro on each side so, we do not have to undress your child to change their pull ups.

#### Pre-K Bathroom Requirements (Ages 3 +)

We ask that your preschool child be able to:

- Communicate their need to go to the bathroom in advance of having an accident.
- Pull down and pull up their own underwear and pants.
- Seat themselves on the toilet and sit there comfortably.
- Wipe their own bottoms.
- Wash their own hands.
- Briefly postpone going to the bathroom if they must wait for another child to finish or if we are outside and need to walk in from the playground.
- Remain clean and dry throughout an extended rest time (1 hour).
- Children who are independent in toileting do not wear diapers or pull ups to school.

Please remember that the clothing your child wears can help or hurt them when going to the potty independently. Please do not send your child in clothing that they cannot get off in a timely manner for going to the restroom. For example, rompers, overalls, buttons, and snaps. Elastic waist bands are the best for preschool aged children.

Changing pull ups and cleaning up toilet accidents impact teachers' instruction time in the classroom with students. So, if your child has an accident, we ask that the child be able to change his/her clothing on their own. If your child has soiled his/herself, we will call you to come pick your child up or clean your child up and then they will be able to return to class.

We understand that accidents will happen from time to time. If your child has an accident, we will offer guidance. If your child has repeated accidents and it is apparent that he/she is not independent in the bathroom, a meeting will be held to determine a path forward.

Children that are not fully potty trained will stay in a classroom with a diaper changing facility within the classroom. DHS rules and regulations in the state of Tennessee maintain that children in diaper/pull up need to have an area for changing the child in a sanitary manner and diaper changing procedures must be followed.

I understand and have read the potty-training requirements.

Parent Signature	Date

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

Yes	No	I give permission to photograph our child, and for photographs of 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.

# 14. Communication with Education Office and Classroom Educators:

Please download our Parent Communication App (Playground) to communicate with the Education Office and Class Dojo to communicate with your child's Classroom Teacher.



#### 15. Flu Signature Page



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: \_\_\_\_

Signature of Agency Representative: \_

Link to Flu Guide for Parents:

https://www.cdc.gov/flu-resources/media/pdfs/2024/07/flu-guide-for-parents-2022.pdf

Date:

Date: \_\_\_

#### 16. Personal Safety Curriculum



Tennessee Department of Human Services

**Personal Safety Curriculum Notification** 

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.

- 1. Identify the personal safety curriculum used by your agency:
  - If "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.

2. 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.

Link for Keeping Kids Safe Curriculum:

https://www.tn.gov/content/dam/tn/human-services/documents/keeping kids safe content updated wdraft cover.pdf

#### 17. Parent Signature Page

A **Pre-Enrollment Visit** has been completed.

I have received an electronic or paper copy of the current **Parent Handbook**.

I agree to abide by the **policies** defined in the Parent Handbook.

I will provide BPCEE with my child's most up-to-date **immunization record**.

I understand that I am **required** to have my **child vaccinated** to be enrolled into BPCEE.

I have received a copy of the **DHS Licensure Summary** (located in Parent Handbook).

I understand that BPCEE is a **Tobacco Free Facility**, meaning **no** smoking on property.

I understand the importance of the **Flu vaccine** and received an informational sheet on the **Importance of the Flu** (digital signature).

I understand that the **Personal Safety Curriculum** is taught and is required by DHS for children ages 3 year and above. The curriculum is called **Keeping Kids Safe** and is taught via age appropriate stories that children can listen and discuss during class time (digital signature).

I understand BPCEE uses their **own schedule** on the days school is open and closed.

BPCEE also follows Metro Nashville Public Schools in **weather closings**. There will be no reduction in tuition due to weather closings.

I have reviewed the program's **Notice to Withdraw** requires a 30-day notice, otherwise payment is due. The program offers no credits or refunds for a child's absence for any reason.

I understand the program's Sign In and Out Procedures.

**Child Discipline** policies and procedures are addressed in Parent Handbook.

This includes our **Biting Policy**.

DHS requires **Healthy Lunches** be offered to children at lunch. See Parent Handbook for specifics.

The program's **Sick Policy** requiring **48 hours** for good health before returning to school.

I agree to make **tuition payments** 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. **Tuition is due by the 10**<sup>th</sup> of each month.

The Program's **Termination of Services** 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.

**Risky Behavior** Policy which details our responsibilities in denying anyone transportation rights for the child if they appear impaired and unable to drive safely.

I have reviewed and understand BPCEE **Potty-training Requirements & Bathroom Requirements.** 

I have received the program's **Evacuation Management Procedures** in case of an emergency, this item is in Parent Handbook.

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

<mark>Parent Signature</mark>

## 18. 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.

The Parent Handbook can be found on our website at bpcearlyed.org under the Parents Corner Tab.

Application will not be accepted if not signed by parents.

Parent Signature	Date

# 19. Office Use Only

Pre-Enrollment Visit			Enrollment Fees Paid \$		
Class Assignment			Check Number Cash		
Monthly Tuition			Date Received		
Days Attending			Extended Care		
Т/ТН	M/W/F	M-F	Т/ТН	M/W/F	M-F

# 20. Notes & Communication Area for Office: