Application
Tiger Club

Percy Priest Extended Day Program
Percy Priest Elementary
1700 Otter Creek Rd.
Nashville, TN 37215
Cell 615 390-3167 or School # 298-8416 ext 1801 Fax 665-8283

2018-2019

Today's Date _____

Name of student_____ Birthdate_____

Grade for 2018-19_____ Gender (please circle) M F

Name of Parent (s) /Guardian:

_____ _____
Mother/ Father/ Guardian- please circle Mother/ Father/ Guardian-please circle

Address_____ Address_____

City_____ Zip_____ City_____ Zip_____

Cell Phone_____ _____

Work Phone _____ _____

Home Phone _____ _____

Place of Work _____ _____

Work Address_____ _____

Work Hours_____ _____

Email_____ _____
Please print clearly Please print clearly

Emergency Information Name of person(s) authorized to act for parent in an emergency:

Full name_____

Address_____ Home phone_____

Work_____Cell phone_____

Name of child's physician_____

Address_____Office phone_____

Preferred source of emergency care_____

Insurance Company_____

Policy number_____

Alternate Transportation Plan

For your child's safety, please list other **adult's full names** to whom your child may be released:

_____

_____

_____

Please note: We can not release your child to anyone other than a parent or guardian/emergency contact person(s) without expressed written consent.

CHECK THE PLAN THAT BEST SUITS YOUR NEEDS. 30 DAYS NOTICE MUST BE GIVEN TO CHANGE YOUR PLAN.

FEES:

Application fee*- $35/year $50/year family

This fee must accompany all applications and is non refundable- new families please pay by check or cash*

An annual $45 Activity fee for all Enrollment plans due with September tuition.

ENROLLMENT PLANS:

Please check the appropriate program

_____Full Time Care **(before & after school) $185/month**

_____Before School care **- $53/month**

_____5 Day/week PM care **$170/month**

_____3 day PM care **- $120/month**

M T W TH F (Please circle days)

_____2 day PM care **- $90/month**

M T W TH F (Please circle days)

EXTENDED DAYS:

Extended Day-$29/day*

*** Extended Days are not included in the monthly tuition. Students must sign up for these days in advance.**

DROP IN PLANS:

_____Drop-in care AM **$7/day**

_____Drop-in care PM **$17/day**

SUMMER CAMP:

_____ Weekly rates vary

PAYMENT OPTIONS:

AUTO DRAFT-We recommend enrolling in our auto draft plan for all payments. Please complete the Authorization Agreement for Direct Debit (ACH Debits) form and read information page.

CHECKS- If you choose to pay by check, please adhere to the payment policy dates and make checks out to **Percy Priest Tiger Club**

****New Families** For Registration Fee, please attach a check for $35.00 or cash. ACH can begin when your child is accepted to our program.**

Background Information

Has your child experienced any of the following during the past year?

_____New home _____birth of another child in family

_____New school _____serious illness of child or family member

_____Death in family _____separation/divorce/remarriage of parents
(Please circle those that apply)

**Is there any other information (e.g. allergies, fears, etc.) we should know about your

child?_____

Please read & initial each paragraph and sign and date the last line—Thank you!!

- _____ In case of accident requiring immediate attention, I hereby give permission for my child to be administered first aid by PPEDP staff members. I authorize PPEDP staff to act on my behalf in case of medical emergency.
- _____ I have received a summary of licensing requirements, the details of the regulations for operating child care centers in the state of Tennessee
- _____ I understand that PPEDP is a non-profit organization established originally by the principal, parents and PTO of Percy Priest School. Its purpose is to offer quality supervision to school age children for the convenience and service of working parents. I, as a participant and member of this program and its services, do not hold Percy Priest PTO or the Metropolitan Board of Education responsible for accidents, which may occur under adequate supervision.
- _____ I understand that if my child is accepted into the program or is placed on the waiting list, a non-refundable registration fee is required.
- _____ I have received a copy of the Parent Handbook and have read and understood its contents.
- _____ I visited PPEDP/Tiger Club previous to enrolling.
- _____ I give PPEDP permission to display and use pictures of my child in the classroom, hallway, and/or in official PPEDP publications such as newsletters, brochures, and monthly calendars. If not, write "No"
- _____ I give PPEDP permission to display the name of my child in the classroom, hallway, and/or in official PPEDP publications such as newsletters, brochures, and monthly calendars. If not, write "No"
- _____PPEDP employees are our most important assets. If you hire one of our employees (or someone who was our employee within the prior six months of hire) to work for you, you agree to pay a placement fee of $2,000. Checks should be made payable to Percy Priest Extended Day Program and given to the program director. In an effort to maintain the professional status of our employees and prevent any potential conflict of interest, if you should hire any of our staff for "sitting" purposes, it must be outside of Tiger Club and with the understanding that such arrangements and payments for services are solely between you and the staff member. The arrangements are not sanctioned by PPEDP and you agree to hold PPEDP harmless for any such arrangement.
- _____I agree to pay the monthly tuition in full by the 11th of each month. I understand that I will be subject to a $10 late fee if tuition is not paid on or before the 11th of each month.
- _____ It can be distressing for children to be left at Tiger Club after hours. Our staff work hard and expect to leave at 6pm. Late pick up is not a normal program option and will only be considered an exceptional occurrence. Please allow enough time at the end of the day to arrive at Tiger Club, pick up your child and leave by 6pm. I understand three late charges or more for non emergencies may constitute your child's removal from Tiger Club. A late pick up fee of $1.00 per child per minute will be charged after 6:00pm. This fee is subject to change.

Parent/Legal Guardian Signature & Date _____

Child Health History

_____ _____ _____
Child's name date of birth parent/guardian's name

Your answers to these questions will help us to know if your child has any medical problems. We need this information in case your child becomes ill and we are unable to reach you right away. **Please do not include food <u>dislikes</u> as "allergies". *Do* include foods that your child should avoid because of medical reasons.**

Please answer "yes" or "no" in the space provided.

_____1. Is your child taking *any* medication(s)? What?_____

_____2. Any allergies or reactions to medicine, DTP or other shots?

_____3. Any allergies to insects or foods? If so, what? _____

_____4. Does your child have asthma or wheezing?

_____5. Does your child have speech or hearing difficulties?

_____6. Does your child have difficulties with his/her vision?

_____7. Does your child have or ever had seizures? If yes, please explain
_____

_____8. Have you ever been told your child has a heart murmur?

_____9. Is your child a hemophiliac?

_____10. Is your child able to play as hard as other children?

_____11. Has your child ever had a reaction to the TB skin test?

_____12. Does your child have tubes in his/her ears?

_____13. Does your child have any special conditions not indicated above? If yes, please explain
_____

14. When did your child last see a doctor (month & year)?_____

_____15. My child's immunization records are current and on file at Percy Priest Elementary which s/he attends.

_____ _____
Parent/legal guardian signature & Date

I give my permission for my child to be signed in and /or out of Tiger Club by a before/after school club, scouts, teacher, tutor, sports etc.

Name of activity:

1.

_____

2.

_____

3.

_____

_____ Date_____

Signed by parent or legal guardian

INCOMPLETE FORMS CANNOT BE ACCEPTED.

*Please review your child's application carefully to make sure all information has been provided***.**

A $35 non-refundable registration fee, per child and payable to PPEDP, is required for enrollment. Enrollment is limited. Fees must accompany the application form before registration is deemed complete.

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Direct Debit ACH Fact Sheet

Tiger Club is happy to offer an **automatic draft option from your checking or savings account**. We hope this will provide convenience and ease with your Tiger Club Fees. We encourage families to participate and hope it will make having to remember that monthly check, a thing of the past!!

Here are answers to some questions you may have:

What fees will be deducted from my account? Registration fees, Activity fee, Monthly tuition fees, extended day fees and any drop in fees

When will fees be deducted from my account?

Registration fees: ($35/child, $50/family) When your application is received

Activity fee: ($45/year) September 11

Monthly tuition fee: The 11th of each month (or closest business day if the 11th falls on a weekend day)

Extended day fees: ($29/day) The day care is received

Drop in fees: ($17/day) The day care is received

What information do I need to provide? You will complete the attached authorization form and include a voided check. Please read all information carefully and complete the form in its entirety.

If you have any further questions, please don't hesitate to ask.

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AUTHORIZATION AGREEMENT FOR DIRECT DEBIT (ACH DEBITS)

COMPANY NAME **Percy Priest Extended Day Program** COMPANY TAX ID NUMBER **62-1154483**

I (we) hereby authorize **Percy Priest Extended Day Program** herein called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) [ ] CHECKING [ ] SAVINGS account indicated below and the depository named below, herein called DEPOSITORY, to debit and/or credit the same to such account.

DEPOSITORY BANK_____ BRANCH _____

CITY _____ STATE _____

ROUTING NUMBER _____ ACCT NUMBER _____

This authorization is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY BANK a reasonable opportunity to act on it.

NAME(S) _____ _____
(PLEASE PRINT) (PLEASE PRINT)

DATE _____ SIGNED _____ SIGNED _____

Please staple to this form a voided check to verify bank account information for deposits into a Checking Account or a deposit slip for deposits into a Savings Account.

FIRST TENNESSEE BANK

2048

DATE _____

Pay to
the order of _____ $ _____

VOID

_____ Dollars

FIRST TENNESSEE BANK

_____

⑆ 084000026 ⑆ 2048 00-09050398 ⑈

ROUTING NUMBER **ACCOUNT NUMBER**