

# 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

## 2023-2024

Today's Date \_\_\_\_\_

Name of student \_\_\_\_\_ Birthdate \_\_\_\_\_

Grade for 2023-24 \_\_\_\_\_

Gender (please circle) M F

### Name of Parent (s) /Guardian:

\_\_\_\_\_  
Mother/ Father/ Guardian- please circle  
Address \_\_\_\_\_

\_\_\_\_\_  
Mother/ Father/ Guardian-please circle  
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:

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**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\*- \$50/year \$75/year family

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

**An annual \$60 Activity fee for all Enrollment plans -2 payments of \$30 each due August 11 and January 11.**

**ENROLLMENT PLANS:**

*Please check the appropriate program*

\_\_\_\_\_ Full Time Care (before & after school 5 days)- **\$280/month**

\_\_\_\_\_ 5 Day/week PM only care **\$265/month**

\_\_\_\_\_ Before School care - **\$110/month**

\_\_\_\_\_ 3-day PM care - **\$200/month**

**M T W TH F (Please circle days)**

\_\_\_\_\_ 2-day PM care - **\$175/month**

**M T W TH F (Please circle days)**

**EXTENDED DAYS:**

Extended Day-**\$45/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 **\$10/day**

\_\_\_\_\_ Drop-in care PM **\$20/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.



**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 dislikes 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 \_\_\_\_\_

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- \_\_\_\_\_ 8. Have you ever been told your child has a heart murmur?
- \_\_\_\_\_ 9. Does your child have Hemophilia?
- \_\_\_\_\_ 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 \_\_\_\_\_

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- \_\_\_\_\_ 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.

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2.

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3.

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\_\_\_\_\_ 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:** (\$50/child, \$75/family) When your application is received

**Activity fee:** (\$60/year) August 11 (\$30) and January 11 (\$30)

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

**Extended day fees:** (\$45/day) The day care is received

**Drop-in fees:** (\$20/day pm, \$10/day am) 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 \_\_\_\_\_

\$  Dollars

VOID

**FIRST TENNESSEE BANK**

⌘ 084000026 ⌘
2048
00-09050398 ⌘

ROUTING NUMBER
ACCOUNT NUMBER