Application
Tiger Club
Percy Priest Extended Day Program
Percy Priest Elementary
1700 Ottor Crook Pd 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

Today 5 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 Address	
CityZip	City	Zip
Cell Phone		
Work Phone		
Home Phone		
Place of Work		
Work Address		
Work Hours		
EmailPlease print clearly Emergency Information Name of person(s)	Please print clearly	
Full name_		
Address		
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 na	ames to whom your child may be released:			
Please note: We <u>can not</u> release your child to anyon person(s) without expressed written consent.	ne other than a parent or guardian/emergency contact			
CHECK THE PLAN THAT BEST SUITS YOUR I CHANGE YOUR PLAN.	NEEDS. 30 DAYS NOTICE MUST BE GIVEN TO			
or cash*	ad is non-refundable- new families please pay by check s -2 payments of \$30 each due August 11 and January			
ENROLLMENT PLANS:				
Please check the appropriate program	* Extended Days are not included in the			
Full Time Care (before & after	monthly tuition. Students must sign up			
school 5 days)- \$280/month 5 Day/week PM only care	for these days in advance.			
\$265/month	DROP IN PLANS:			
Before School care - \$110/month	Drop-in care AM \$10/day			
3-day PM care - \$200/month	Drop-in care PM \$20/day			
M T W TH F (Please circle days)				
2-day PM care - \$175/month M T W TH F (Please circle days)				
W 1 W 1 ft (Flease circle days)	SUMMER CAMP:			
	Weekly rates vary			

PAYMENT OPTIONS:

Extended Day-\$45/day*

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 childcare 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.

	Child Health History				
Child's name	date of birth	parent/guardian's name			
this information in case your	child becomes ill, and we a	your child has any medical problems. We unable to reach you right away. Pleasods that your child should avoid became	se do		
P	lease answer "yes" or "no"	n the space provided.			
1. Is your child taking	any medication(s)? What?				
2. Any allergies or rea	ctions to medicine, DTP or otl	er shots?			
3. Any allergies to inse	ects or foods? If so, what?				
4. Does your child hav	re asthma or wheezing?				
5. Does your child hav	e speech or hearing difficultie	s?			
6. Does your child hav	re difficulties with his/her vision	on?			
7. Does your child ha	ve or ever had seizures? If yes	please explain			
8. Have you ever been	told your child has a heart mu	rmur?			
9. Does your child hav	e Hemophilia?				
10. Is your child able to	play as hard as other children	1?			
11. Has your child even	had a reaction to the TB skin	test?			
12. Does your child ha	ve tubes in his/her ears?				
13. Does your child ha	ve any special conditions not i	ndicated above? If yes, please explain			
14. When did your chil	d last see a doctor (month & y	ear)?			
15. My child's immuni	zation records are current and	on file at Percy Priest Elementary which s/l	he		

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.

<u>Please review your child's application carefully to make sure all information has been provided.</u>

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.



Percy Priest Extended Day Program

1700 Otter Creek Road Nashville, TN 37215

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 11th of each month (or closest business day if the 11th

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 <u>Priest Extended Day Program</u> 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 BA	ANK	BRANCH		
CITY		STATE		
	BER	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

