



Stuart Heights Baptist Early Education Program Registration 2018-2019

To comply with state regulations, a child may attend Stuart Heights Baptist EEP program no more than 2 days a week. Children must be fully potty trained upon entering the 3 year old (Fireflies) class.

Class days are campus specific.

Monday & Wednesday at Soddy Daisy Campus

10049 Dayton Pike
Soddy Daisy, TN

Tuesday & Thursday at Hixson Campus

1505 Cloverdale Drive
Hixson, TN

Classes are determined by your child's age on August 15, 2018:

Caterpillars Class	1 yr old
Jitterbugs Class	2 yrs old
Fireflies Class	3 yrs old
Bumblebees Class	4 yrs +

There is a \$50 registration/supply fee for each child. This can be paid in one or two installments. If payment is split, the first \$25 must accompany the registration form and the other \$25 must be paid by the first day of class.

Child Information

Registration Date: _____

1st Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Gender: Male Female

Date of Birth: _____ Class: _____

Day(s): **Soddy Daisy** Mon Wed **Hixson** Tue Thu

Allergies or medical conditions: _____

2nd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Gender: Male Female

Date of Birth: _____ Class: _____

Day(s): **Soddy Daisy** Mon Wed **Hixson** Tue Thu

Allergies or medical conditions: _____

Parent/Guardian Information

Mother/Guardian Full Name: _____

Address: _____ City, State Zip: _____

Best Phone: _____ Alternate Phone: _____

Email: _____

Father/Guardian Full Name: _____

Address: _____

Best Phone: _____ Alternate Phone: _____

Email: _____

Family Church Association: _____ Child lives with: _____

****SECURITY RESTRICTIONS****

Please provide court documentation if custody is restricted for a parent.

Local emergency contacts, in case parents/guardians cannot be reached:

Name: _____

Phone: _____ Relationship to child: _____

Name: _____

Phone: _____ Relationship to child: _____

Authorization for Emergency Medical Attention:

Should my child become ill or injured while at SHBC EEP, I authorize a representative of Stuart Heights Baptist Church to give consent for any and all needed medical care for my child in an emergency situation. Should such medical attention and care for my child be necessary, I will assume responsibility for any payment.

Parent/Guardian Signature: _____ **Date:** _____

Pediatrician: _____ **Phone:** _____

Photography Consent:

Stuart Heights Baptist Mother's Day Out uses a Facebook page, the church website and a brochure to inform interested parents about our program.

YES, I give permission for my child's picture to be used for the sole purposes stated above. I understand that only my child's photo would be used and no name given.

NO, I do not give permission for my child's photo to be used by Stuart Heights Baptist Mother's Day Out.

Parent's Acknowledgement and Agreement of Policies

- Drop-off time begins at 8:50 and doors will be locked after 9:25.
- Doors will be unlocked for pick-up at 1:50. Early pick-up arrangements must be made by calling the director.
- Tuition is due regardless of attendance.
- If SHBC EEP is closed due to inclement weather, there will NOT be a charge for that day.
- If a child has been absent for two weeks and a parent has not contacted the director, SHBC EEP may assume that the child has been withdrawn.
- Children may not attend SHBC EEP if they have a fever of 100° or higher or have other signs of sickness. Children should be fever free for 24 hours before returning to class. If a child becomes sick while at SHBC EEP, a parent will be called to pick up the child.
- Children in the Caterpillars and Jitterbugs classes have a daily rest time for 1 – 1 ½ hours. If a child is unable to rest quietly on a regular basis, he/she will need to be picked up right after lunch each day. Tuition is not adjusted for early pick up.
- Children in the Fireflies and Bumblebees classes must be completely potty trained prior to the first day of class.
- Children will be taught Biblical stories and concepts while at SHBC EEP.

By signing below, I indicate that I understand and agree to abide by the above policies.

Parent/Guardian Signature: _____ **Date:** _____

<p>For Office Use Only: Reg. fee received on _____ cash _____ check # _____ credit card _____ Initials _____</p>
