

Maryville's Little Nest Enrollment Form 2020-2021 2025 Sevienville RD Maryville, TN 37804 Patricia Jones, Director

Maryville's Little Nest	ame.			For Office Use	
Student's Full Legal Name:					
-				Only	
Address	Street	City/State/Zip	<u> </u>	_	
What does your child l	ike to be called?			NAME:	
				SION	
	Legal Custody: LI Both Parents		□ Other; Explain:	DATE	
				Ē	
	ZIp		Zip:		
Home phone:		Home phone:			
Cell phone:					
E-Mail:		E-Mail:			
-	When Parent/Guardian C ze Maryville's Little Nest to releas Phone:			F ST/	
2nd:	Phone:			Fees P <u>STATUS</u> :	
3rd:	Phone:			Paid S: □	
4th:	Phone:			: RegFee FT □ PT	
they will contact other person released to their custody. deemed necessary to main <u>In Case of Emergency Not</u> operation. These people not <u>Do not list parents or gua</u> Name:	of my child, I understand the pro- sons I have listed who are author If no one is available, Maryville's ntain my child's health including, <u>otify</u> : These people should <u>live o</u> eed to be authorized to act on be ardians. DO NOT LEAVE THES	ized to make certain me Little nest is authorized but not limited to, emerg r work in the vicinity of the half of the parent or gua E BLANK. lame:	ne school during the hours of program	Curriculum Fee	
Relationship:	R	elationship:			

Phone:

Phone:

Maryville City Little Nest Staff, Maryville City Schools, and Maryville City School's staff shall be released from any claim arising from the doctor's and/or emergency medical personnel's actions. All medical expenses shall be the parent's and/or guardian's responsibility.

Health Information:					
Physician's Name	Phone	Phone Emergency Medication Required? Yes No			
Hospital Preference:	Emergency M				
If Yes: Condition:					
🗆 Benadryl 🗆 Epi-Pen 🗆 Inhaler	□ Insulin □ Other:				
Child's proof of state required immunizat	ions on file with the school. $\$ \Box `	Yes 🗆 No			
Pre-Enrollment Visit I understand that Maryville's Little Nest is op	en and available to visit prior to enro	lling my child. 🗆 Yes 🛛 No			
Sunscreen I give Adventure Club Staff permission to ap	bly sunscreen as necessary.	□ Yes □ No			
Background Information: Other children in family	Birthdate	School			
Experiences with others					
Has your child been in a day care before	? YES NO				
What are some of the ways in which you	Ir child plays at home?				
Does he/she play with children from oth	er families? YES NO				
Does he/she have any social issues that	we should be aware of?				
Eating Habits					
What time does your child eat breakfast	? Lunch?	Dinner?			

Does he/she feed himself/herself? YES NO
What is his/her general attitude toward eating?
If he/she refuses to eat, how is this handled at home?
Favorite foods
Disliked foods
Food Allergies
SLEEP HABITS
Has room alone at home Shares room with siblings Rooms with parents
Bedtime is from to Sleeps an average of hours.
Naptime is from to Naps an average ofhours.
Does he/she wet the bed at night or at naptime?
TOILET HABITS
Is your child potty trained?
Does he/she go to the bathroom willingly?
Can he/she manage clothing on their own?
What word does he use for urination? For bowel movement?
SPEECH AND PHYSICAL GROWTH
Does he/she talk well? Fairly well Not very well Not at all
Does anyone read to your child? How often?
How would you describe your child? (circle all that apply)
Active Quiet Friendly Shy Talkative Reserved
Does your child have any fears (storms, dogs, etc)
Please give us any additional info that you think you should share about your child:

*I have received a copy of licensing requirements. I do hereby authorize emergency medical care. Signature of parent/s ______

PARENT CONTRACT FOR MARYVILLE'S LITTLE NEST

In consideration of enrolling my child in my Maryville's Little Nest, I,

_____the parent/guardian of _____

, hereby agree to be bound as follows:

- 1. My child's immunizations will be up-to-date and on file with Maryville's Little Nest
- 2. My registration form will be updated when any changes in emergency or family information occurs.
- 3. I will pay the weekly rate each week whether my child attends or not.
- 4. My child's balance must be paid in full each Monday. A five dollar (\$5.00) late charge will be applied if my payment is not received by Wednesday of the week due. Additional five dollar (\$5.00) per week late fees will be added each week my payment is late. After the account is two (2) weeks past due, in the discretion of Maryville's Little nest, my child will not be allowed to continue unless other arrangements have been made with the Director.
- 5. I additionally understand that any late accounts are subject to collection by the City of Maryville Schools. If the City of Maryville Schools pursues collection of the amounts due and owing based on my child(ren)'s enrollment in Maryville's Little Nest, I agree to pay the City of Maryville Schools' reasonable attorney fees and court costs in such collection efforts. The fact that my child may not have been removed from the program when the account is two (2) weeks past due would not relieve me of any financial responsibilities to Maryville's Little Nest for services received, late fees, or other fees accrued.
- 6. If I choose to withdraw my child from Maryville's Little Nest, a written two (2) week notice and two (2) week payment is required.
- 7. I have received information on the prevention, detection, and reporting of child abuse.
- 8. I have received a copy of the Department of Education Guideline Summary.
- 9. I have received, read, and agreed to abide by the Maryville's Little Nest Handbook.
- 10. I understand that this is a binding contract and not abiding by the policies set forth in this contract and the Maryville's Little Nest Handbook will cause termination of my child's enrollment in the program.
- 11. Student Privacy is protected by FERPA This Act, as amended, established the requirements governing the privacy of student educational records in regards to the release of those records and access to those records.
- 12. I verify that the information provided on this form is accurate and current. Submitting false statements or information could result in expulsion from the Maryville's Little Nest program.

Child's' Name:				
Parent/Guardian Signature:	Date:	/	/	
(Both parents must sign in joint custody situations)				-
Parent/Guardian Signature:	Date:	/	/	_
(Both parents must sign in joint custody situations)				
Director Signature:	Date:	/	/	_