 Hixson United Methodist

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Child Development Center

REGISTRATION FORM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CHILD’S FIRST NAME(S) CHILD’S LAST NAME** |  | **GOES BY** |  | **BIRTHDATE**  **/ /** |

**CLASS PREFERENCE SECTION**

|  |  |  |
| --- | --- | --- |
| **SELECT** | **CLASS** | **AGES** |
|  | **Daisies $225 Per week** | **12 to 18 Months** |
|  | **Lilies $225 Per week** | **18 to 24 Months** |
|  | **Violets $205 Per week** | **2 years old (Potty-trained not Required** |
|  | **Honeysuckles $205 Per week** | **2½ years old (Potty-trained not Required)** |
|  | **Buttercups $190 Per week** | **3 years old**  **\*Reliably Potty Trained** |
|  | **Roses $190 Per week** | **3 ½ years old**  **\*Reliably Potty Trained** |
|  | **Dandelions $190 Per week** | **4-5 years old** |

* Selections made here are not guaranteed.
* You may select more than one choice and rank each according to preference.
* All attempts will be made to place your child in your first choice.
* If necessary, you will be automatically added to a wait list.
* Wait list preference goes to siblings of currently enrolled children.
* I UNDERSTAND HUMCCDC POLICY REQUIRES ALL CHILDREN TO BE FULLY IMMUNIZED ACCORDING TO TENNESSEE’S OFFICIAL SCHEDULE **PRIOR TO STARTING OUR PROGRAM AND THE CERTIFIED IMMUNIZATION RECORD IS REQUIRED TO BE ON FILE IN THE SCHOOL OFFICE ON THE FIRST DAY OF ATTENDANCE**.
* I HAVE BEEN PROVIDED A COPY OF THE TENNESSEE DEPARTMENT OF HUMAN SERVICES – SUMMARY OF LICENSING REQUIREMENTS FOR CHILD CARE CENTERS.
* I HAVE COMPLETED THE STUDENT INFORMATION SECTION ON THE BACKSIDE OF THIS FORM.
* **ATTACHED** IS THE $50 NON-REFUNDABLE REGISTRATION FEE AND THE FIRST $50 SEMI-ANNUAL SUPPLY FEE
* I have read the policies and procedures of the CDC set forth in the Parent Handbook, accessible on the CDC’s website at [www.humcdc.ORG](http://www.humcdc.ORG).

|  |  |
| --- | --- |
| SIGNATURE | DATE |

(OVER, PLEASE)

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| --- | --- | --- | --- |
| CLASS | PRE-ENROLLMENT VISIT DATE | CONTRACT SENT | CONTRACT RETURNED |

**STUDENT INFORMATION SECTION**

**[AREAS IN YELLOW ARE LISTED IN THE STUDENT DIRECTORY UNLESS YOU REQUEST OTHERWISE.]**

|  |  |  |
| --- | --- | --- |
| **NAME OF MOTHER (GUARDIAN 1)** | **MOBILE #** | **HOME #** |
| **CAN THIS PERSON TRANSPORT THE CHILD? [ YES ] [ NO ]** | | |
| **MAILING ADDRESS** | **CITY** | **STATE, ZIP** |
| **EMAIL ADDRESS** | **CHILD RESIDES AT THIS ADDRESS?**  **[FULL TIME] [PART TIME] [NOT AT ALL]** | |
| **OCCUPATION/EMPLOYER** | **WORK HOURS** | **WORK #** |

|  |  |  |
| --- | --- | --- |
| **NAME OF FATHER (GUARDIAN 2)** | **MOBILE #** | **HOME #** |
| **CAN THIS PERSON TRANSPORT THE CHILD? [ YES ] [ NO ]** | | |
| **MAILING ADDRESS** | **CITY** | **STATE, ZIP** |
| **EMAIL ADDRESS** | **CHILD RESIDES AT THIS ADDRESS?**  **[FULL TIME] [PART TIME] [NOT AT ALL]** | |
| **OCCUPATION/EMPLOYER** | **WORK HOURS** | **WORK #** |

|  |  |  |
| --- | --- | --- |
| **SIBLING(S)**  **1** | **BIRTHDATE** | **SCHOOL** |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |

**PLEASE NOTE: The State of Tennessee requires that Hixson United Methodist Child Development Center must refuse ANYONE permission to transport a child if we feel that person will place the child in immediate risk.**

|  |  |  |
| --- | --- | --- |
| **NAME OF EMERGENCY CONTACT 1** | **MOBILE #** | **ALTERNATE #** |
| **CAN THIS PERSON TRANSPORT THE CHILD? [ YES ] [ NO ]** | | |
| **NAME OF EMERGENCY CONTACT 2** | **MOBILE #** | **ALTERNATE #** |
| **CAN THIS PERSON TRANSPORT THE CHILD? [ YES ] [ NO ]** | | |