Hixson United Methodist Child Development Center

REGISTRATION FORM

OFFICE USE: PAID REG. FEE $ RECEIVED / /

CHILD'S FIRST NAME(S)	CHILD'S LAST NAME	GOES BY	BIRTHDATE
			/ /

CLASS PREFERENCE SECTION

SELECT	CLASS		AGES
	Daisies	$280 Per week	12 to 18 Months
	Lilies	$280 Per week	18 to 24 Months
	Violets	$260 Per week	2 years old (Potty-trained not Required
	Honeysuckles	$260 Per week	2½ to 3 years old (Potty-trained not Required)
	Poppies	$245 Per week	3-4 years old *Reliably Potty Trained
	Dandelions	$245 Per week	4-5 years old *Reliably Potty Trained
	Sunflowers	$245 Per week	4-5 years old *Reliably Potty Trained

- ✔ 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.HIXSONUMC.ORG.

SIGNATURE DATE

(OVER, PLEASE)

FOR OFFICE USE:

PRE-ENROLLMENT VISIT DATE	DOOR CODE:

STUDENT INFORMATION SECTION

(All information is required for registration, please fill out completely)

NAME OF MOTHER (GUARDIAN 1)	MOBILE #	HOME # (if different than cell)
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# (if different than cell)

NAME OF FATHER (GUARDIAN 2)	MOBILE #	HOME # (if different than cell)
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 # (if different than cell)

SIBLING(S)	BIRTHDATE	SCHOOL
1		
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. (See handbook for more information)

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]		