

# Enrollment Application Signal Mountain Preschool

Completion of this application is required for consideration for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of this information requested is necessary to comply with state childcare licensing regulations.

Thank you for your interest in Signal Mountain Preschool. We are here to help and are available to answer any questions you may have as you move through the inquiry and enrollment process. Please read through the application carefully, answering all questions that apply and are appropriate for your child. For applications intended for children that are not yet born, please note \*expected due date below and then fill out as much information as you are able through the application.

Completed applications can be scanned and emailed to us at:  
[SignalMountainPreschool@Outlook.com](mailto:SignalMountainPreschool@Outlook.com) (Attn: Meggie Meyer)

Please also feel free to visit our website: [SignalMountainPreschool.com](http://SignalMountainPreschool.com)  
Or our Facebook page @SignalMountainPreschool

## CHILD'S INFORMATION

First name	Middle name	Last name	Nickname
DOB	Sex		
OR	*Expected due date		
Home address			
Home address			
Primary language in household			
Schools attended (if any)			

## FAMILY INFORMATION

Parent/guardian	Relationship
Phone number(s)	
Email	
Home address	
Home address	
Employer	
Employer address	
Work hours/schedule	

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Other parent/guardian	Relationship
Phone number	
Email	
Home address	
Home address	
Employer	
Employer address	
Work hours/schedule	

## CHILD EMERGENCY CONTACT AND RELEASE INFORMATION

Please notify the school if an Emergency Contact will pick up your child on a given day. For your child's safety, we request that all authorized pick-up persons with whom staff is not familiar provide a photo ID at the time of pick up.

Person 1	Relationship	Phone number
Address	Employer	
Person 2	Relationship	Phone number
Address	Employer	
Person 3	Relationship	Phone number
Address	Employer	

The persons designated in this section will be contacted by us if you cannot be reached in the event of an emergency.

## MEDICAL INFORMATION

Height	Weight	Hair color	Eye color	Distinguishing marks
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## CHILD'S MEDICAL & DEVELOPMENTAL HISTORY

Special medical conditions (if any)	Chronic illness (if any)
Serious injuries and/or hospitalizations (if any)	

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Does your child have asthma? If so, please attach instructions from your physician.	Does your child have diabetes? If so, please attach instructions from physician.
Will medication be administered regularly? Please attach instructions from physician.	
Is your child able to fully participate in all activities?	Does your child have special dietary needs?
Does your child have any physical restrictions?	Is your child able to walk?
Does your child function at the level of other children in his/her age group?	
Can your child communicate his/her needs?	Does your child need assistance at mealtime?
Does your child rest during the day?	Is your child toilet trained?
Does your child use any special equipment, such as breathing machine, hearing aid, glasses, etc.?	
Does your child require one-on-one supervision on a regular basis for a significant time period?	
Does your child require any accommodations to fully and equally participate in a group setting?	

## ILLNESS HISTORY

Vision problems	Nosebleeds	Seizures	Hearing problems	Skin rashes
Mouth sores	Constipation	Sore throats	Fainting	Diarrhea
Ear infections	Persistent cough	Asthma	Urinary tract issues	Other

## DISEASE HISTORY

Chicken pox (varicella)	Bronchiolitis	Botulism	Measles rubeola	Pneumonia
Haemophilus influenza	Rubella	Pertussis	Meningococcal infection	Mumps
Tetanus	Rabies	Scarlet fever	Diphtheria	Bacterial meningitis

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## ALLERGIES

Medication/Reaction	Food allergies/Reaction
Bee sting allergy/Reaction	Respiratory allergies/Reaction
Other allergies/Reaction	Life-threatening allergies/Explain

## MISCELLANEOUS SCREENINGS AND TESTS

mark any that apply or are noteworthy

Vision	Developmental	Tuberculosis	Hearing
Aptitude	Speech/communication	Educational	Other

## CHILD'S MEDICAL CARE PROVIDER

Primary physician	Practice name	Phone	Address	City/State/Zip
Preferred hospital				

## CHILD'S INSURANCE PROVIDER

Child's health insurance provider name	Policy number
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## ADDITIONAL MEDICAL POLICIES

INITIAL

- Prior to enrollment, I must provide the school with updated medical and immunization information for my child. \_\_\_\_\_
- I agree to provide information to the school about my child's conditions, illnesses, allergies, and other needs. \_\_\_\_\_
- If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until child no longer exhibits any related symptoms and/or brings a physician's note stating that they are not contagious. \_\_\_\_\_
- If my child becomes ill during his/her time at the school, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 2 hours after being contacted. If I cannot be reached, the staff will contact those listed in the Emergency Contacts. \_\_\_\_\_

## EMERGENCY MEDICAL AUTHORIZATION AND CONSENT

- In case of a medical emergency, the staff will attempt to contact me, those listed in the Emergency Contacts, and lastly the physician. \_\_\_\_\_
- In case of a medical emergency, I understand that my child may receive first aid and/or CPR. \_\_\_\_\_
- In case of medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary, by paramedics or other emergency personnel. \_\_\_\_\_
- In case of medical emergency, I will be responsible for the emergency medical expenses. \_\_\_\_\_
- In case of accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center. \_\_\_\_\_

## SKIN PROTECTION AUTHORIZATION AND CONSENT

- I give my permission to this school to apply (CIRCLE) **SUNSCREEN and INSECT REPELLENT** \_\_\_\_\_
- I understand that I must supply my own sunscreen and/or insect repellent with valid expiration date, labeled with my child's name. \_\_\_\_\_
- If there are special application instructions, I will add that to the attached label. \_\_\_\_\_

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## INFANT CARE INFORMATION AND PREFERENCES

### FEEDING PLAN

Please indicate use of breast milk or formula and describe current feeding schedule:

### SLEEP ROUTINE

Please describe current sleep routine (including bedtime routine) and nap times as well as information helpful in creating smooth transitions for rest (use of pacifiers, books, comfort items):

### DIAPERING

Please describe any helpful information with respect to diapering needs (use of diaper cream, etc.)

### OTHER

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## RATE AGREEMENT AND CONTRACT

### HOURS OF OPERATION

Regular operating hours are 7:30am – 5:30pm, except closings for various holidays and inclement weather. Please consult the current calendar for holidays and state mandated staff training. THERE IS NO REDUCTION IN TUITION AS A RESULT OF SCHOOL CLOSURES.

The procedure to notify families should severe weather or other conditions prevent the school from opening on time or at all will be announced on the Brightwheel app. If it becomes necessary to close early, we will contact you or someone listed in your Emergency Contacts and it will be your responsibility to arrange for your child's early pick up.

### FEE POLICY

1. Upon enrollment, I agree to pay the tuition associated with my child's age and/or classroom. \_\_\_\_\_
2. Tuition is due in full on Friday every week, which applies to the next week's attendance. \_\_\_\_\_
3. Tuition is not subject to discounts for holidays, emergency closures (weather or pandemic) \_\_\_\_\_
4. A non-refundable annual application fee of **\$125.00** is due at enrollment. \_\_\_\_\_
5. Each semester, there may be a supply fee (depending on the class). \_\_\_\_\_
6. I agree to pay the full tuition fee even if my child is absent for one or more days. \_\_\_\_\_
7. I understand that payment of tuition reserves my child's spot in preschool, regardless of attendance. \_\_\_\_\_
8. Accounts that are two weeks overdue (or more) may result in immediate termination of services. \_\_\_\_\_
9. A late pick-up fee of \$5 per minute, per child, is due if a child is not picked up before closing. \_\_\_\_\_
10. Payments are made through the Brightwheel app, with several options offered. (We do not take checks or cash.) \_\_\_\_\_
11. **I understand that SMP establishes a yearly tuition cost for each class. It is not subject to changes during weeks that there are closures or when families take vacation and do not attend. The yearly tuition is divided up evenly over the weeks of the school year to provide a predictable, consistent payment schedule for our families.** \_\_\_\_\_

INITIAL

### OTHER AGREEMENTS

#### PRIVATE EMPLOYMENT ACKNOWLEDGEMENT AND RELEASE

Any arrangement/employment between me and staff of the school (i.e. babysitting), outside of the programs and services offered by the school, is an individual endeavor and private matter not connected with or sanctioned by the school. The school shall remain harmless from any such arrangement. \_\_\_\_\_

### UNIFORM REQUIREMENT

Signal Mountain Preschool students, 2 – 5 years of age, will be required to wear approved uniforms every day. Parents are responsible for obtaining these uniforms, either through the school or by other means, as long as they fit the following uniform specifications:

#### BOYS:

Tan pants, joggers, or shorts  
Navy blue pants, joggers, or shorts  
Navy blue school t-shirt with school logo  
Navy blue collared shirt

#### GIRLS:

Tan pants, leggings, shorts, skorts, skirt, or jumper  
Navy blue pants, leggings, shorts, skorts, skirt, or jumper  
Navy blue school t-shirt with school logo  
Navy blue collared shirt

### HANDBOOK ACKNOWLEDGEMENT

1. I understand and agree that it is my responsibility to read and familiarize myself with the policies and procedures outlined in the Parent Handbook and abide by them. \_\_\_\_\_
2. Information contained in the Parent Handbook may be subject to change. \_\_\_\_\_
3. I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this enrollment packet. \_\_\_\_\_

### CONTRACT APPROVAL

I certify that I have read and accept all the terms and conditions described in this application \_\_\_\_\_

SIGNATURE