

# 2017-2018 ENROLLMENT REGISTRATION



Green Hills Child Development, LLC | 3420 Belmont Boulevard | Nashville Tennessee 37215 | Office 615.383.3373 | Fax 615.383.3371 | Parents@GreenHillsChild.com

Your child's enrollment is not complete until ALL required information and payments are received (see last paragraph, below).

We are a currently enrolled family.       We are a newly enrolling family.

Our plans at GHC:  Continue through the 2017/2018 school year;  Are undetermined, but at least through \_\_\_\_\_.

The GHC school day is 8:30AM to 3:30PM, with Fee-Based Before & After Care available from 7:30-8:30AM and 3:30-5:30PM.

Daily drop-off / pick-up routines to include with our child's enrollment:

Before Care, 7:30AM-8:30AM       After Care, 3:30PM-5:30PM       After Care, 3:30PM-4:30PM       School Day Only

Child's Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Hand Dominance: \_\_\_\_\_

Faith Affiliation (optional): \_\_\_\_\_ Other program/s attended: \_\_\_\_\_

Sibling: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Sibling: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian (1): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell service provider\*: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Employer: \_\_\_\_\_ Title or Occupation: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian (2): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell service provider\*: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Employer: \_\_\_\_\_ Title or Occupation: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parents' marital status:  Married     Separated     Divorced     Other: \_\_\_\_\_

Thank you for registering your child's continued (or starting) enrollment with Green Hills Child, we are honored to serve your family. We welcome families of every race, color, national origin and faith background. By signing below, you acknowledge the Registration Fee is non-refundable and not applicable towards tuition, and that your child's placement for 2016/2017 is not secured until we receive the following documents, completed with your signature(s)/initials, where indicated, along with full payment of the balance indicated on your initial (or most recent) invoice: *2016-2017 Enrollment Agreement; Authorized Pick-up / Emergency Contact List (with Additional Authorized Contacts form, if needed), Medical Acknowledgment / Emergency Authorization (to include latest immunization record & updated health history), and this 2016-2017 Enrollment Registration form.* Thank you.

\_\_\_\_\_  
AUTHORIZED BY: Printed name & signature of Parent/Guardian (1) Date

\_\_\_\_\_  
AUTHORIZED BY: Printed name & signature of Parent/Guardian (2) Date

(TWO SIGNATURES PLEASE)

\*Required for text notifications.

# 2017-2018 School Calendar

AUGUST 2017						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Aug. 2 Last Day of 2017 Summer Session

**Starting at Noon Aug. 3<sup>rd</sup> for 1/2 Day and all day Aug. 4<sup>th</sup>, School is Closed for Teacher In Service / Professional Development**

Aug. 7 Fall Semester Begins

FEBRUARY 2018						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			



Feb. 9-14 Valentines Parties!  
**Feb. 19 School is Closed for President's Day**

SEPTEMBER 2017						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

**Sept. 4 School is Closed for Labor Day**

MARCH 2018						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

**March 30 School is Closed for the Easter Weekend**

OCTOBER 2017						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

**Starting at Noon Oct. 13<sup>th</sup> School is Closed 1/2 Day for Parent/Teacher Conferences;** appointment times TBD; childcare provided during your meeting

Oct. 26-31 Pumpkin Parties!

APRIL 2018						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

**April 2 School is Closed for Teacher In-Service Training / Professional Development**

NOVEMBER 2017						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

**Nov. 22-24, School is Closed for the Thanksgiving Weekend**

MAY 2018						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

May 25 Pre-K/Kindergarten Graduation | Spring Semester Ends

**May 28 School is Closed for Memorial Day**

May 29 Summer Session Begins

DECEMBER 2017						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Dec. 12-16 Christmas Parties!

Dec. 21 Last full day of Fall Semester

**Starting at Noon Dec. 21 for 1/2 Day and through Dec. 29<sup>th</sup>, School Closed for Christmas / Winter Break**

JUNE 2018						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

JANUARY 2018						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

**Jan 1-2 School is Closed for New Year's Day (1<sup>st</sup>) and Teacher In-Service / Professional Development (2<sup>nd</sup>)**

Jan. 3 Spring Semester Begins

**Jan 15 School is Closed for Dr. M.L. King Jr. Day**

JULY 2018						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	!!	!!	!!	

**July 4 School is Closed for Independence Day**

**!! NOTE:** School will be Closed for 2018/19 Fall Teacher In-service **August 1-3, 2018**



## 2017-2018 TUITION AND FEES

Green Hills Child Development, LLC | 3420 Belmont Boulevard | Nashville Tennessee 37215 | Office 615.383.3373 | Fax 615.383.3371 | Parents@GreenHillsChild.com

Thank you for your interest in Green Hills Child. Our tuition and fee information for the school year indicated is outlined below. Committing to remain enrolled for the full school year supports group learning dynamics for all of our children, but does not change your prerogative (or responsibility) to provide 30 days' paid notice of withdrawal, should your family have an unexpected career or neighborhood change:

### TUITION SCHEDULE <sup>1</sup>

	FULL TIME
PRE-K & KINDERGARTEN (4 to 6 years)	
Per month	\$ 965
Per semester	4,825
PRIMARY (3 to 4 years)	
Per month	\$ 965
Per semester	4,825
OLDER TODDLER (18 to 36 months)	
Per month	1,125
Per semester	5,625
YOUNGER TODDLER (11 to 23 months)	
Per month	1,165
Per semester	5,825
INFANT (2 to 13 months)	
Per month	1,195
Per semester	5,975

### NOTES:

*Classroom placement is determined according to the Parent Policies by the Director, and depends upon factors including developmental readiness and classroom availability, among several others.*

*Parents provide lunch, snacks and milk/juice.*

*Additional children receive a 10% tuition discount.*

*The family maximum Before/After Care rate is limited to 1.5 times that of the sibling with the longest schedule.*

*Arrivals or departures outside your child's registered enrollment schedule are strictly limited, and may incur the one dollar (\$1) per minute fee (see below) and/or Before/After Care invoicing to accommodate your child's actual pick-up and drop-off times.*

*For families who prefer the convenience of semester prepayment to monthly invoicing, a \$70 per semester discount will be credited for each child to reduce the applicable semester rate.*

**Tuition and fees are due on the 25th day of the month preceding the semester or monthly billing period to which it applies, with a late payment fee incurred for payments not received by the last regular school day preceding the semester or monthly billing period to which it applies.**

### FEE SCHEDULE <sup>2</sup>

Application Fee (one-time fee)	\$ 35
Enrollment Deposit (due within 2 days of enrollment offer to secure placement)	550
Enrollment Registration Fee (annual)	50
Rest mat and sheets/cover (one-time)	50
Activities & Supply Fee (per semester, may be prorated; not required for infants)	125
Monthly Before Care (monthly rate for scheduled attendance, 7:30AM - 8:30AM)	20
Monthly After Care (monthly rate for scheduled attendance, 3:30PM - 4:30PM)	20
Monthly After Care (monthly rate for scheduled attendance, 3:30PM - 5:30PM)	40
Late Pick Up / Early Drop Off Fee, Per Minute (see <i>Parent Polies</i> for limitations)	1
Returned Check or other declined transaction	30
Late Payment Fee	up to 5%

<sup>1</sup> Tuition Schedule reflects base tuition rates only.

<sup>2</sup> All fees are non-refundable, except that the Enrollment Deposit is divided to reduce the first and final tuition invoices.

## 2017-2018 ENROLLMENT AGREEMENT



Green Hills Child Development, LLC | 3420 Belmont Boulevard | Nashville Tennessee 37215 | Office 615.383.3373 | Fax 615.383.3371 | Parents@GreenHillsChild.com

Green Hills Child Development (the *School*) is licensed by the State of Tennessee to provide early childhood education and child care services for families with children ages two months old through Kindergarten. In exchange for these services and other valuable consideration, as the Parent(s)/Guardian(s) of

\_\_\_\_\_  
Child's full name (the *Child*)

\_\_\_\_\_  
Date of Birth

legally and financially responsible for his or her care (the *Parent*), Parent agrees as follows:

1. Parent has had an opportunity to tour the School and evaluate its suitability for the Child.
2. Child's first day may not begin until the initial invoice is paid and this Enrollment Agreement (the *Agreement*) is completed, along with certain other documentation and acknowledgments submitted to the School (or provided to Parent), incorporated here by reference:
  - Annual *Registration Form*
  - Schedule of effective *Tuition and Fees* (provided to Parent by School)
  - Signed *Enrollment Agreement* (this document)
  - Immunization Form (provided to School by Child's pediatric office; may be faxed)
  - *Medical Acknowledgment/Emergency Authorization*, with relevant Health History
  - *Authorized Pick-up/Emergency Contact List* (with addenda, if needed)
  - Summary of State of Tennessee child care standards (provided to Parent by School)
  - *Parent Policies* (provided to Parent by School)
  - Current year *School Calendar* (available at GreenHillsChild.com).
3. Parent has read the School's *Parent Policies*, including sections on health, thirty (30) days' paid notice of withdrawal, calendar, safety, and expulsion. Parent agrees to abide by all *Parent Policies* and understands the School may alter or amend them or its program, as it deems necessary, providing notice whenever possible. A full copy of the State standards under which the School operates is available for Parents' review.
4. Parent has an ongoing obligation to keep the School updated with any subsequent changes to contact, medical or other information required to complete these materials, whether or not prompted by the School to do so.
5. Parent has reviewed the School's *Calendar*, with the holidays and other days when School is closed. Child's tuition rate is not reduced due to vacations, holidays, breaks, inclement weather, individual or school-wide illness, In-Service, Conferences or other planned or unplanned absences or closures. The School's academic day is from 8:30AM to 3:30PM, with fee-based Before & After Care available from 7:30AM to 8:30AM and 3:30PM to 5:30PM.
6. If School determines doing so is necessary and requests it (see *Parent Policies*), Parent will promptly arrive to get Child from School. Parent will maintain a sufficient list of Responsible Persons on Child's Authorized Pick-up/Emergency Contact List to respond in cases when Parent cannot. The School does not participate in private babysitting arrangements, and any such off-hours, off-site services that a school employee may agree to provide are beyond their scope of employment but subject to limitations (see *Parent Policies* for details). For example, a Green Hills Child employee may not be added to a family's authorized pick-up list or otherwise sign out/leave in the custody of an enrolled child, and a former employee in good standing may not be added to a family's authorized pick-up list until six (6) months after the date they were last regularly scheduled to work.
7. Parent will pay the School the costs of Child's enrollment and participation in a developmentally appropriate group at the specific rates of ***Tuition and Fees*** in effect for Child's group and for the agreed daily schedule. Promotional incentives, if any, may not be combined and are only effective for the terms & duration indicated.
  - (a) Tuition and fees are payable by personal check or other means specified in the *Parent Policies*. Post-dated checks (dated, for example: "Date: VOID before 12/25/18") may be requested or required to avoid repeat late payments. Tuition and all fees are due on the 25<sup>th</sup> day of the month preceding the semester or monthly billing period to which it applies. A late fee of up to 5% is incurred if full payment is not received by the last business day of the month preceding the semester or month to which it applies.

\_\_\_\_\_  
Initials of Parent/Guardian (1)

\_\_\_\_\_  
Initials of Parent/Guardian (2)

\_\_\_\_\_  
Initials authorized for Green Hills Child

(b) A returned check or other declined transaction will incur a \$30 fee; at the School's discretion, a cashier's check or money order may be required to avoid repeat occurrences. Repeated late payment or declined transactions are grounds for suspension of attendance; non-payment is grounds for administrative expulsion.

(c) Any Enrollment Deposit will be divided and equally applied to reduce the first and final tuition invoices. Enrollment obligations continue until the end of Parent's thirty (30) days' paid written Notice of withdrawal (may be by email to Director or Executive Director). Tuition and fees are due during Notice period for each enrolled child, regardless of the circumstances, including expulsion initiated by the School (see *Parent Policies* for criteria).

(d) School will communicate with Parent in advance of the time for Child to promote to the next developmental group (see *Parent Policies*), which usually, but not always, will coincide with semester or academic calendar changes. Any reduction in tuition rate will begin with the first full month in the next group.

(e) Parent will guard the confidentiality of all School system, property and building access codes with the same care with which Parent protects their own confidential information, and will use the sign-in/sign-out system in effect for Child's classroom, whether electronic or paper-based.

(f) Parent will abide by the attendance schedule included with tuition, will keep School informed of their family's anticipated usual drop-off and pick-up times, and will give advance notice when substantial variations may occur to those routines. A \$1 per minute fee is incurred when variations from Child's scheduled arrival or departure time occur; see *Parent Policies* section on Before & After Care for additional information.

(g) Excessive unexcused Pre-K or Kindergarten tardiness and absences may interfere with Child's educational progress and may affect Child's eligibility to enter the next elementary school grade.

8. Parent's *Authorized Pick-up/Emergency Contact* "Responsible Persons" are trusted friends and family members who serve on Parent's behalf. As such, Parent is responsible to communicate to and receive from them any School information related to Child's drop-off or pick-up on a given day, and to ensure they abide by all *Parent Policies*.

9. Parent agrees to observe the maximum five (5) Miles Per Hour vehicle speed limit while on School property, and to observe and abide by other cautionary, regulatory and policy-related signs and notices, whether published by School via email, website posting, text, newsletter, *Parent Policies* or other classroom or common area display on School property.

10. Parent understands Child, both individually or as part of a group, will sometimes be photographed or otherwise electronically recorded by School personnel or systems in the ordinary course of Child's playground or classroom activities. Such photos or recordings may be published within the school community (such as a newsletter or display on a classroom or common area wall) but will not be published by School to its website or social media without Parent's permission (see next paragraph). Parent agrees to avoid publishing photos or recordings of children whose families' social media preferences are unknown to them. Parent understands other families may take such photos or recordings during parties or other events or activities and that School cannot control their dissemination.

11. Parent  gives OR  does not give School permission to include such photos or recordings of Child on the School's official website / social media profiles. Parent may update this preference by email to [Parents@GreenHillsChild.com](mailto:Parents@GreenHillsChild.com). In no case will Child's likeness be included in a paid publicity or marketing campaign without Parent's express written permission in a separate agreement.

12. The foregoing terms of this Agreement, including the ***Tuition and Fees***, are subject to change in whole or in part by School with 30 days' notice from the Executive Director. This Agreement may be terminated by the School at any time according to the *Parent Policies*. If the School elects to not exercise or enforce any provision of this Agreement, or waives any right in respect thereto, such election or waiver shall not be construed as constituting a continuing waiver or waiver of any other right. Both parties agree to the use of electronic signatures; electronic copies of this Agreement are valid, once executed.

I have read and accept the terms and conditions in this Agreement and its associated documents:

---

AUTHORIZED BY: Printed Name and Signature of Parent/Guardian (1)

Date

---

AUTHORIZED BY: Printed Name and Signature of Parent/Guardian (2)

Date

---

AUTHORIZED BY GREEN HILLS CHILD DEVELOPMENT: Name and Title

Date

MEDICAL ACKNOWLEDGMENT / EMERGENCY AUTHORIZATION



Green Hills Child Development, LLC | 3420 Belmont Boulevard | Nashville Tennessee 37215 | Office 615.383.3373 | Fax 615.383.3371 | Parents@GreenHillsChild.com

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

CHILD'S MEDICAL HISTORY: CHECK ONE. Describe your child's medical history or provide attachment(s):

[ ] My child has had no diagnosis that teachers or emergency medical personnel need to know, other than:

[ ] Separate document(s) are attached or to be provided [ ] Special needs/IEP docs attached or to be provided

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_
Number & Street City State ZIP

Dentist's Name: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_
Number & Street City State ZIP

Health Insurance/Group ID: \_\_\_\_\_ Policy Number: \_\_\_\_\_

STATE HEALTH REQUIREMENTS

Green Hills Child Development and I are required by the Tennessee Departments of Education and Health to abide by certain rules designed to protect the health of my child, other children in the care of the school, and our faculty and staff. These rules include, for example, the prompt removal of my child if he or she is symptomatic, and keeping accurate and up-to-date health records for my child on-file with the school (I will notify the School whenever changes occur, whether or not the school prompts me to do so). I am responsible to abide by these rules and all the school's Parent Policies, which include certain health-related grounds for disenrollment.

LIMITATIONS ON DISPENSING MEDICINE

I understand that only specially Designated Person(s) at Green Hills Child can assist me with administering a course of prescription medicine for my child, and that such support is available only after clear instructions and proper, timely documentation from me are received and on file at the School. Regarding over-the-counter/non-prescription medicines or common treatments, by my permission indicated below, the following kinds of topical treatments, ointments or over-the-counter medications may be administered as indicated:

[X] Topical applications I provide, like Baby Orajel, sunscreen or insect repellent, applied as needed by my child's teacher.

[ ] Ordinary over-the-counter children's medicines, dosed according to my instructions by one of the School's Designated Persons--see Parent Policies for limitations and procedural information.

[ ] I do not give permission for non-emergency dosing; I will take these steps personally, each time--see Parent Policies.

EMERGENCY MEDICAL AUTHORIZATION

If my child becomes ill or injured at school, Green Hills Child Development is hereby authorized to take one or more of the following actions: (a) communicate my child's medical condition to any Responsible Person on my child's Authorized Pick-Up/Emergency Contact List; (b) release my child to one of the Responsible Persons on my list; (c) give a dose of over-the-counter children's medicine according to label instructions to reduce pain or fever; (d) give consent for medical care; (e) take my child to the physician or dentist indicated on this form, or to another practitioner if they are unavailable; (f) arrange my child's transport to a hospital. The school will make every effort to communicate with me beforehand, but as a matter of law doing so must be postponed if in the school's judgment it would delay necessary emergency care. I acknowledge my continuing obligation to maintain current information related to this authorization, whether or not prompted by the school to update it. All expenses resulting from the use of this authorization will be incurred by me and not Green Hills Child Development.

Signature of Parent/Guardian (1) - Duration: Authorization remains in effect until end of last day enrolled or superseded in writing. Date

Signature of Parent/Guardian (2) - Duration: Authorization remains in effect until end of last day enrolled or superseded in writing. Date

# AUTHORIZED PICK-UP / EMERGENCY CONTACT LIST



Green Hills Child Development, LLC | 3420 Belmont Boulevard | Nashville Tennessee 37215 | Office 615.383.3373 | Fax 615.383.3371 | Parents@GreenHillsChild.com

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Number & Street City State ZIP

(1) Parent/Guardian: \_\_\_\_\_ Driver's License: \_\_\_\_\_  
Full name as it appears on valid Driver's License State and Last Five (5) Numbers

Workplace name Number & Street City State ZIP Usual Work Hours

Work Phone Cell Phone

(2) Parent/Guardian: \_\_\_\_\_ Driver's License: \_\_\_\_\_  
Full name as it appears on valid Driver's License State and Last Five (5) Numbers

Workplace name Number & Street City State ZIP Usual Work Hours

Work Phone Cell Phone

(3) Responsible Person: \_\_\_\_\_ Driver's License: \_\_\_\_\_  
Full name as it appears on valid Driver's License State and Last Five (5) Numbers

Authorized for:  Pick-Up  Emergency Contact

Primary Phone Alternate Phone

Name of Work or School Number & Street Name City State ZIP

Apartment or Subdivision Number & Street Name City State ZIP

(4) Responsible Person: \_\_\_\_\_ Driver's License: \_\_\_\_\_  
Full name as it appears on valid Driver's License State and Last Five (5) Numbers

Authorized for:  Pick-Up  Emergency Contact

Primary Phone Alternate Phone

Name of Work or School Number & Street Name City State ZIP

Apartment or Subdivision Number & Street Name City State ZIP

Before their help is needed, it is my responsibility to communicate to my designated Responsible Persons both my own expectations and the relevant Green Hills Child Development policies regarding their Pick-Up and/or Emergency Contact roles (the school may provide a written summary to assist with this). I understand our building access code (called a "Classroom Code"), once issued/re-issued, is not to be communicated to my child(ren) or anyone else. Absent a Court Order defining different custodial rights, and/or an alternate plan signed by the Director, both Parents are authorized for Pick-Up and Emergency Contact purposes.

For my child's safety, Green Hills Child Development is required to verify the identity and authorization of any person to whom my child will be released. My photo ID or that of my designated Responsible Person may be required if a school employee has any doubt about my or their identity. **It is my responsibility to maintain complete and accurate information for myself and anyone else to whom my child may be released (including prompt removal of any person no longer authorized)—submitted in writing, in advance; for my child's safety, this rule has no exceptions.** This authorization is effective for the persons identified above and subsequent additions, deletions or other changes to my list I submit using method(s) approved by the school Director or Assistant Director, which may be paper-based or include certain electronic communications.

AUTHORIZED BY: Printed Name and Signature of Parent/Guardian (1)

Date

AUTHORIZED BY: Printed Name and Signature of Parent/Guardian (2)

Date



# ADD'L AUTHORIZED PICK-UP / EMERGENCY CONTACTS

Green Hills Child Development, LLC | 3420 Belmont Boulevard | Nashville Tennessee 37215 | Office 615.383.3373 | Fax 615.383.3371 | Parents@GreenHillsChild.com

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Number & Street City State ZIP

(5) Responsible Person: \_\_\_\_\_ Driver's License: \_\_\_\_\_  
Full name as it appears on valid Driver's License State and Last Five (5) Numbers

Authorized for:  Pick-Up  Emergency Contact  
Primary Phone Alternate Phone

\_\_\_\_\_  
Name of Work or School Number & Street Name City State ZIP

\_\_\_\_\_  
Apartment or Subdivision Number & Street Name City State ZIP

(6) Responsible Person: \_\_\_\_\_ Driver's License: \_\_\_\_\_  
Full name as it appears on valid Driver's License State and Last Five (5) Numbers

Authorized for:  Pick-Up  Emergency Contact  
Primary Phone Alternate Phone

\_\_\_\_\_  
Name of Work or School Number & Street Name City State ZIP

\_\_\_\_\_  
Apartment or Subdivision Number & Street Name City State ZIP

(7) Responsible Person: \_\_\_\_\_ Driver's License: \_\_\_\_\_  
Full name as it appears on valid Driver's License State and Last Five (5) Numbers

Authorized for:  Pick-Up  Emergency Contact  
Primary Phone Alternate Phone

\_\_\_\_\_  
Name of Work or School Number & Street Name City State ZIP

\_\_\_\_\_  
Apartment or Subdivision Number & Street Name City State ZIP

(8) Responsible Person: \_\_\_\_\_ Driver's License: \_\_\_\_\_  
Full name as it appears on valid Driver's License State and Last Five (5) Numbers

Authorized for:  Pick-Up  Emergency Contact  
Primary Phone Alternate Phone

\_\_\_\_\_  
Name of Work or School Number & Street Name City State ZIP

\_\_\_\_\_  
Apartment or Subdivision Number & Street Name City State ZIP

**It is my responsibility to maintain complete and accurate information for myself and anyone else to whom my child may be released (including prompt removal of persons no longer authorized)—submitted in writing, in advance; for my child's safety, this rule has no exceptions.** This authorization is effective for the persons identified above and subsequent additions, deletions or other changes to my list I submit using method(s) approved by the school Director or Assistant Director, which may be paper-based or include certain electronic communications.

\_\_\_\_\_  
AUTHORIZED BY: Printed Name and Signature of Parent/Guardian (1) Date

\_\_\_\_\_  
AUTHORIZED BY: Printed Name and Signature of Parent/Guardian (2) Date