

2024-2025 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 GHCD: Continue through the 2024/2025 school year; Are undetermined, but at least through _____

The GHCD school day is 8:30AM to 3:30PM, with fee-based Before & After Care available (see below and *Tuition & Fee Schedule*).

Daily drop-off / pick-up routines to expect with your child's enrollment:

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

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 enrollment with Green Hills Child Development, 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 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: *2024-2025 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 2024-2025 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.