



670 S. Highland St.
 Memphis, TN 38111
 (901)323-1344
 www.stannehighland.net



Preschool Enrollment Application

CHILD			
Full Name	Nickname	Sex	Date of Birth
Address		Starting Date	Age
Religion	Name of Parish or Church		Baptism

MOTHER - Guardian #1		
Full Name	Home Phone	Work Phone
Address	Cell Phone	Other Phone
City	State	Zip
Place of Employment	Work Hours	
Email Address (Checked most often)		

FATHER - Guardian #2		
Full Name	Home Phone	Work Phone
Address	Cell Phone	Other Phone
City	State	Zip
Place of Employment	Work Hours	
Email Address (Checked most often)		

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATIONS				
Name	Home Phone	Work Phone	Cell Phone	Relationship
1.				
2.				
3.				
4.				

Child's Legal Guardians: Both Parents Mother Father Other _____
 Child's Living Arrangements: Both Parents Mother Father Other _____
 Parent's Marital Status: Married Single Separated Divorced

POLICIES

1. I agree to pay the weekly tuition fee of \$ _____ which is payable each Friday for the following week. Late fees are applied if not paid by Friday for the next week (\$5 per day late starting on Monday). The student will not be allowed to attend school Monday or any days thereafter until tuition + late fees have been paid.
2. I understand that my child will be provided all snacks. Lunch is available for a per meal charge (free and reduced price meals are available for those who qualify).
3. I understand that it is my responsibility to escort my child into the center and to the classroom or cafeteria and insure the teacher is aware of the child's arrival or departure. There is a mandatory sign-in/out sheet that it is my responsibility to sign each day.
4. I understand that all children who enroll must be potty trained. While bathroom accidents may occur periodically, 3 bathroom accidents per month is considered excessive, and the child may be asked to withdraw from the school.
5. A clean change of clothes (including underwear and socks) for all children must be in the classroom at all times. These clothes must have the child's name on each item.
6. I have received a copy of the Tennessee Department of Education Summary of Child Care Approval Requirements for parents and the Parent Handbook. I have read and understand both.
7. Children at St. Anne Catholic School/St. Anne's Little Lambs may be photographed by other parents and/or school staff. Photographs may also be posted within the center, on the school website, or in publication materials. I give my permission for my child to be photographed or videotaped while in attendance at school or any field trip activities.
8. I understand that St. Anne Catholic School/St. Anne's Little Lambs has a specific policy regarding the administration of medicine. I agree to provide the school with all required information in accordance with this policy. Medicines including over the counter, are administered only as prescribed by a licensed physician.
9. I understand that if my child is ill, including but not limited to a severe cough, undetermined rash or spots, lice, fever, severe headaches, upset stomach, pink eye, or diarrhea, he or she cannot be accepted into the school until well. In the event my child has a contagious disease, a release form from a medical source may be required before my child re-enters school.
10. If I have not picked up my child by 6:30pm, and we are unable to contact the parents or other emergency contacts, St. Anne Catholic School/St. Anne's Little Lambs will contact the Tennessee Department of Human Services and the Memphis Police Department.
11. I understand that it is my responsibility to keep the school advised on changes of address, phone numbers, and contacts.
12. I will provide a current Tennessee Immunization Form prior to enrollment and will update it as required.
13. I understand that I must give two weeks written notice to the Director prior to the withdrawal of my child. Tuition continues to be due and payable during this period.
14. If my child is not registered in morning / afternoon care but he or she is in attendance during those times, I will be charged \$5 per day that he or she is not enrolled. Attendance in extended care must be paid weekly before the new week starts. Please talk to the director if your extended care needs change.

Child's Doctor _____

Doctor's Address _____ Phone # _____

Child's Allergies, special medical conditions or prescribed drugs: _____

I authorize St. Anne Catholic School/St. Anne's Little Lambs to obtain any and all medical treatment to be performed as deemed necessary by St. Anne Catholic School/St. Anne's Little Lambs staff, licensed medical personnel, including emergency personnel, ambulance personnel, doctors, and nurses. I authorize St. Anne Catholic School/St. Anne's Little Lambs at its employees to transport my child for emergency purposes only unless specifically authorized by me. I understand that St. Anne Catholic School/St. Anne's Little Lambs does not provide accident insurance and further agree to be fully responsible for all medical expenses incurred and to hold harmless and release St. Anne Catholic School/St. Anne's Little Lambs and its employees from all liability.

Authorized Parent or Guardian

Date

Child's Name