

## COCKRILL PNA: ENROLLMENT POLICIES (Revised 7/24/2018)

Eligibility: Children in grades K-8 who either attend the school in which the program is located or live within a 1.25 mile radius of the school are eligible to register.

### Enrollment:

1. A registration fee of \$50 is assessed each semester. Registration fees are nonrefundable. Enrollment slots will be confirmed and held only upon receipt of the registration fee.
2. Students with a balance due for the previous year will not be allowed to register until their balance is paid in full.
3. **The annual program fee is \$1,200 per child with ten monthly payments of \$120. Monthly payments by recurring debit/credit charge are strongly encouraged. Students with accounts over 7 days past due will not be allowed to attend until payment is made to bring the account to a current status. A late fee of \$20 will be assessed if payment is not received by the 7th day of the month.**
4. Children are accepted on a first-paid, first-served basis. If the program has reached its capacity, your child will be placed on a Waiting List in the order that enrollment forms are received. Registration fees must be paid in full before a child from the waiting list will be admitted into the program.
5. No child will be enrolled in the program unless all forms have been completed and submitted to the Site Director.

### Program Policies:

1. The program is open according to the official school calendar of Metro Nashville Public Schools, and is closed during breaks/holidays, inclement weather and half-days. If there is not a full day of school, there is no program. Before-school care is not provided on days in which school opens late.
2. Fees are assessed based on the cost of providing services to your child for the entire school year. There is no credit given for absences or for school closures (due to holidays, inclement weather, etc.)
3. Your child will be under the supervision of the PNA staff, from the time he or she arrives at the site, until your child leaves the site, according to your written instructions for departure. Program staff must be notified, in writing, of any changes in the program departure procedures. No child will be released to a person who is not listed on the registration form or to anyone whose behavior may place the child at immediate risk.
4. In order to secure their continuing enrollment, children are required to attend the program on a regular basis. It is requested that parents notify the program about long-term absences. Children who do not attend regularly will be at risk of removal from the program.
5. Removal or suspension from our program may occur if the following inappropriate behavior is used: stealing; damaging property; using foul language; being disruptive and uncontrollable in the group; harming another student or staff person; inappropriate behavior(s) not solved after repeated attempts; behavior detrimental to the student and/or others. Staff will communicate regularly with families regarding behavior concerns. Every effort will be made by staff to enlist the cooperation of the student and parents to solve problems. Student must be able to function in a learning environment designed with a 15:1 student/teacher ratio. If a student's behavior is problematic, the parent will be notified and appropriate action will be taken, which may result in removal of the student from the program. Metro Nashville Public School Code of Student Conduct, including zero tolerance violations, will be enforced.
6. Parents/guardians are responsible for the repair and/or replacement of program and school materials that are damaged or destroyed by their child.
7. All children must be picked up by the close of the program day. A child will be removed from the program if the parent or designee is consistently late to pick him or her up at the end of the day.
8. Grievances: Parent input concerning the program is important. Feel free to share these comments with the Site Director. If you are unable to resolve questions concerning policies and procedures, you may contact Executive Director Illia Moore at 615.385.7067 (ext. 1).
9. Nondiscrimination Notice: It is the policy of PNA not to discriminate on the basis of sex, race, national origin, creed, age, marital status or disability in its programs, activities, or employment policies as required by Title VI and Title VII of the 1964 Civil Rights Acts, Title IX of the 1972 Educational Amendments and Section 504 of the Federal Rehabilitation Act of 1973. Should you have a complaint related to perceived discrimination, contact Executive Director Illia Moore at 615.385.7067 (ext. 1).

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**PERMISSIONS AND STATEMENTS OF UNDERSTANDING (Please read and initial)**

1. \_\_\_\_\_ My child has permission to participate in all PNA activities.
2. \_\_\_\_\_ I grant permission for my children to be used in media releases that benefit the program.
3. \_\_\_\_\_ I understand PNA provides liability insurance on all its programs. It is my responsibility to provide accident and medical insurance on my child/children enrolled and participating in the program.
4. \_\_\_\_\_ In the event of an emergency, I hereby give permission to PNA staff to secure proper medical treatment for my child. If I cannot be reached, I hereby give permission to emergency personnel selected by PNA staff to order x-rays, routine tests and treatment for the health of my child. I also give permission to emergency personnel selected by PNA staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child.
5. \_\_\_\_\_ I understand that all children enrolled in the program are expected to follow the rules established by PNA for the purpose of safety and smooth operation of the program.
6. \_\_\_\_\_ I understand that registration fee payments are due at the start of each semester and that a child is not fully enrolled into the program until these fees are paid.
7. \_\_\_\_\_ I agree to pay the annual program fee as stated in this application. If a weekly pay schedule is requested, I understand payments are due each Monday.
8. \_\_\_\_\_ I understand my child or I may be asked to complete survey information regarding the program/classes for evaluation purposes, and I agree to participate and have my child participate in such. I also consent to the release of my child's academic information including grades, student conduct, attendance records, and standardized test scores for evaluation purposes.
9. \_\_\_\_\_ I confirm that my child's immunizations are current and that his/her health record is on file at the school my child attends.
10. \_\_\_\_\_ The completion of the registration packet enrolls my child in PNA. It is my responsibility to update the information contained in this form as needed. I have received a copy of the program policies as well as the Tennessee Department of Human Services Summary of Licensing Requirements for Child Care Centers. I agree to abide by the stated policies and procedures of the PNA program, and I have been given the opportunity to ask any question that I may have.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Child/ Children's Name(s): \_\_\_\_\_

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## PNA REGISTRATION FORM 2018/19

Hours will be: \_\_\_\_\_ a.m. until \_\_\_\_\_ a.m. and \_\_\_\_\_ p.m. until \_\_\_\_\_ p.m.

PLEASE NOTE: PNA before-care (where offered) operates on days school is in session (including half-days). PNA aftercare operates only on days in which school is in full session (excluding half-days).

**REGISTRATION FEE MUST BE TURNED IN WITH THIS FORM! Registration fees are non-refundable.**

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### CHILDREN TO BE ENROLLED:

LAST NAME, FIRST NAME	SCHOOL/GRADE	DATE OF BIRTH	GENDER	
1. _____	_____	_____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
2. _____	_____	_____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
3. _____	_____	_____	Male <input type="checkbox"/>	Female <input type="checkbox"/>

Please indicate the child/children's ethnicity:

African American     Asian (Pacific Islander)     Caucasian     Hispanic     Biracial/Multiracial

Children are enrolled in:    Before-care only     Aftercare only     Both before- and aftercare

Children are eligible for free or reduced lunch?    Yes     No

Verified no outstanding balance? \_\_\_\_\_ (PNA initials)    Registration is not complete until any outstanding balance is paid.)

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### PARENT/GUARDIAN INFORMATION:

NAMES OF PARENTS/GUARDIANS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Are you willing to serve on the PNA Board or an Advisory Committee to the PNA Board?    Yes     No

COMMUNITY ACTIVITIES / ORGANIZATIONS YOU ARE INVOLVED IN:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**FOR CHILD'S SAFETY, LIST ALL PERSONS TO WHOM CHILD MAY BE RELEASED:  
(DO NOT LEAVE BLANK)**

<b>NAME</b>	<b>PHONE#</b>	<b>NAME</b>	<b>PHONE#</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is the child authorized to sign him/herself out and walk home (do not leave blank)?    Yes     No

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**EMERGENCY INFORMATION (DO NOT LEAVE BLANK)**

Name of person, other than parent/guardian, authorized to act for the parent in an emergency:

NAMES OF PARENTS/GUARDIANS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NAME OF CHILD'S PHYSICIAN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PHYSICIAN'S ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Child's Health is:    Excellent     Good     Fair     Poor

Please describe any medical conditions including allergies:

\_\_\_\_\_

\_\_\_\_\_

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**MEDICATION**

Please list all prescription medication that your child takes on a daily basis. No medication will be administered to your child unless this form has been completed. A copy of the prescription or doctor's note must be attached.

<b>NAME OF MEDICATION</b>	<b>DAILY DOSAGE</b>	<b>REASON PRESCRIBED</b>
_____	_____	_____
_____	_____	_____

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In the event of an emergency, I hereby give permission to PNA staff to secure proper medical treatment for my child. If I cannot be reached, I hereby give permission for emergency personnel selected by PNA staff to order x-rays, routine tests and treatment for the health of my child. I also give permission to emergency personnel selected by PNA staff to hospitalize, secure proper treatment for, and to order injection and/or surgery of my child. I agree to pay all costs and fees contingent on any emergency medical care and/or treatment for my child as secured and authorized under this consent. (PNA states that every effort will be made to notify parents/guardians immediately in case of emergency.)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



**Project for Neighborhood Aftercare, Inc. (PNA)**  
**Phone: 615.385.7067 fax: 615.385.7047**  
**sandy@pnatn.org**

## **Credit Card Recurring Payment Authorization Form**

### **Location: Cockrill PNA**

Schedule your child care payments to be automatically charged to your credit card. Just complete and sign this form to get started!

#### **Recurring Payments Will Make Your Life Easier:**

- It's convenient (saving you time)
- Your payment is always on time (even if you're out of town), eliminating late fees
- You can get Rewards Points for paying your bill (if your credit card offers a rewards program)

#### **Here's How Recurring Payments Work:**

**You authorize the monthly child care fee of \$120.00 per child to be charged on the 1<sup>st</sup> of each month to your Visa, MasterCard, or Discover card. You authorize a charge of \$170 in the months of August and January to include the \$120 monthly fee plus the \$50 per-semester registration fee.** The charges will appear on your credit card statement. You agree that no prior notification will be provided.

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#### **Please complete the information below:**

#### **Student:**

I \_\_\_\_\_ authorize PNA to charge my credit card  
(full name)

indicated below on the 1st of each month for payment of my child care bill.

I understand that I will not receive advance notice of the charge.

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Visa  MasterCard  Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV (3 digit number on back of Visa/MC) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize Project for Neighborhood Aftercare, Inc. (PNA) to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify PNA in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.