

IDA B. WELLS PNA: ENROLLMENT POLICIES

(Revised 8/1/2018)

Eligibility: Students in grades K-8 who attend the school in which the program is located 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 required. 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. Students are accepted on a first-paid, first-served basis. If the program has reached its capacity, your student will be placed on a Waiting List in the order that enrollment forms are received. Registration fees must be paid in full before a student from the waiting list will be admitted into the program.
5. No student 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 student for the entire school year. There is no credit given for absences or for school closures** (due to holidays, inclement weather, etc.)
3. Your student will be under the supervision of the PNA staff, from the time he or she arrives at the site, until your student 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 student will be released to a person who is not listed on the registration form or to anyone whose behavior may place the student at immediate risk.
4. In order to secure their continuing enrollment, students are required to attend the program on a regular basis. It is requested that parents notify the program about long-term absences. Students 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 student.
7. All students must be picked up by close of the program day. **\$1/minute late fee is charged.** A student will be removed from the program if he or she is consistently picked up late.

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).

I have read and understand the Enrollment Policies and Fees.

Name _____

Student _____

Date _____

PERMISSIONS AND STATEMENTS OF UNDERSTANDING (Please read and initial)

1. _____ My student has permission to participate in all PNA activities.
2. _____ I grant permission for my students 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 student/students 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 student. 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 student. 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 student.
5. _____ I understand that all students 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 the **\$50 registration fee payments are due at the start of each semester** and that a student 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. I understand payments are due the first school day of the month.
8. _____ I understand my student or I may be asked to complete survey information regarding the program/classes for evaluation purposes, and I agree to participate and have my student participate in such. I also consent to the release of my student's academic information including grades, student conduct, attendance records, and standardized test scores for evaluation purposes.
9. _____ I confirm that my student's immunizations are current and that his/her health record is on file at the school my student attends.
10. _____ I grant permission for my students to view TV/Videos/Movies/DVD with a rating of G and PG.
11. _____ The completion of the registration packet enrolls my student 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: _____

Student/ Students' Name(s) _____ Grade: _____

PNA REGISTRATION FORM 2018/2019

Hours of Operation: _____

PLEASE NOTE: PNA before-care operates only on the 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.

STUDENTS TO BE ENROLLED:

LAST NAME, FIRST NAME	SCHOOL/GRADE	DATE OF BIRTH	GENDER	
1. _____	_____	_____	Male	Female
2. _____	_____	_____	Male	Female
3. _____	_____	_____	Male	Female

Please indicate the student(s)' ethnicity:

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

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

Students 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.)

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:

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

NAME	PHONE#	NAME	PHONE#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY INFORMATION (DO NOT LEAVE BLANK)

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

NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____ CELL PHONE: _____

ADDRESS: _____ ZIP CODE: _____

EMPLOYER: _____ WORK PHONE: _____

EMPLOYER ADDRESS: _____ ZIP CODE: _____

NAME OF STUDENT'S PHYSICIAN: _____ PHONE #: _____

PHYSICIAN'S ADDRESS: _____ ZIP CODE: _____

Student's Health is: Excellent Good Fair Poor

Please describe any medical conditions including allergies:

MEDICATION

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

NAME OF MEDICATION	DAILY DOSAGE	REASON PRESCRIBED
_____	_____	_____
_____	_____	_____

In the event of an emergency, I hereby give permission to PNA staff to secure proper medical treatment for my student. 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 student. 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 student. I agree to pay all costs and fees contingent on any emergency medical care and/or treatment for my student 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/Debit Card Recurring Payment Authorization Form

Location: Ida B. Wells PNA

Here's How Recurring Payments Work:

You authorize the monthly child care fee of \$120.00 per child to be charged on the 1st 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.

The charges will appear on your credit card statement. You agree that no prior notification will be provided. If your payment will not go through before the 7th day of the month, the \$20 late fee will be charged.

Please complete the information below:

_____ Student's Name

I _____ authorize PNA to charge my credit card
(Full name)

indicated below on the 1st of each month for payment of my student 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 American Express

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.