

# Welcome to The Stanley School Application.

This is a digital form that can be completed online, or downloaded to your computer and completed within Adobe Acrobat Reader DC.

Use the pen icon to complete all initial/signature fields.



Adobe Reader can be downloaded for free here:

<https://www.adobe.com/acrobat/pdf-reader.html>

Or, you can download, print out, complete and mailed to:

The Stanley School, 1800 McCallie Ave., Chattanooga, TN 37404



**Call for more details.**

423.418.6474

1800 McCallie Ave.

Chattanooga, TN 37404

# 2023 Policy Agreement

- + The Stanley School's current hours of operation are M-F 7:30am-6:00pm.
- + For children picked up after 6:00pm, a late fee of \$5 per minute will be charged, up to 20 minutes. (\$100) After that, a full day's tuition will be charged.
- + Children must arrive by 9:30am daily to be accepted for the school day.
- + Each child must receive and be up to date with all immunizations and health examinations. Certificate of Immunization form must be up-to-date, checked off, and signed upon enrollment.
- + Sick children will not be accepted at the school. If your child develops a fever of 100.5 and/or signs of communicable disease while at the school parents will be notified and be expected to arrange for prompt pick up of the child. The child may not return to the school the following day, and any day thereafter until the child has been symptom free for 24 hours (unless otherwise stated).
- + Only current prescription medicine that includes the child's name and dosage will be administered at the school. Fever reducing medicine will not be given.
- + Parents will be promptly notified of the occurrence of a communicable disease, among the children in the school.
- + In the event of a medical emergency, you will be notified as soon as possible and shall be expected to assume direct responsibility of your child as quickly as possible. Emergency cases will be transported directly to Children's Hospital at Erlanger unless otherwise stated by the parents on the emergency release form. A signed emergency release form must be on file for all children enrolled in the school.
- + A child will be released only to the adults designated on the signed release forms and emergency form. If these names change please notify the school in writing. If for some reason a non-listed person will pick up your child, the school needs to be notified in advance (in writing) showing photo identification and pass code.
- + A nutritionally balanced breakfast, lunch and two snacks will be served to all toddlers and preschoolers daily. Infants will be fed according to their needs and feeding schedule worked out between the parent and teacher.

- + All children must have a change of clothing, including socks and shoes, clearly marked with his/her name to be left at the school for emergencies. Also any items (including but not limited: diaper package, bottles & bottle lids, pacifiers, formula containers, jar food, blankets, crib sheets, softie, etc.) brought from home need to be clearly marked with your child's name on them. We do not replace lost items.
- + Outdoor is part of the daily schedule (including infants). If you consider your child too ill to participate in daily routines including outdoor activities, they should remain home until such time as they can re-enter all activities at school. Dress accordingly.
- + Please remember to apply sunscreen at home or before coming inside the school.
- + All children must be signed in/out of the school daily by the person responsible for them. When signing your child in/out please be sure to use your full name (not mom/dad).

**The school will be closed the following holidays in 2023/2024:**

- + Presidents' Day
- + Good Friday
- + Memorial Day
- + Independence Day
- + Labor Day
- + Thanksgiving Break [Wednesday - Friday]
- + Christmas Eve
- New Years Day

- + Plus 1 professional development day, quarterly. [3 days total]
- + The school will notify you of closings and delays due to emergency and/or inclement weather via our app, Kangarootime.
- + If at any time we cannot meet the needs of your child, we reserve the right to ask you to make other child care arrangements.

**Receipt of Policy Statement & Licensing Requirements**

Please sign and return to school. I have received a copy of the policy statement and viewed The Stanley School Parent Handbook and understand all of The Stanley School policies, including fees and closings.

Child's Name	Parent/Guardian Signature
Director's Signature	Date

## Exceptional Child Care & Preschool in Chattanooga

The Stanley School provides childcare for ages 8 weeks through pre-K in Chattanooga. We're centrally located in a newly renovated building at 1800 McCallie Avenue. Our core values of safety, loyalty, comfort, and guidance inform everything we do, and we use the S.H.I.N.E. Method to guide every interaction with families. Our early childhood experts empower children, providing each child a strong foundation for learning in a nurturing, supportive environment.

Every member of The Stanley School strives to make a better day for your child.



**Tennessee Department of Human Services**  
**Influenza Information Notification**

PUBLIC CHAPTER 687 requires the Department of Human Services and the Department of Health to work together to educate parents of children in child care agencies regarding the importance of immunizing their children against influenza. The Department of Human Services works with child care agencies to ensure that this information is distributed annually to parents in August or September.

I/We acknowledge that we have received information on the importance of immunizing children against influenza.

Signature of Parent or Legal Guardian	Date
Signature of Parent or Legal Guardian	Date
Signature of Agency Representative	Date

**Please take a few minutes to complete this forms.**

Child's Name	Nickname	Child's age

Is there information about your family composition or household members that you would like to share?

Are there cultural or religious holidays that your family observes that you would like to share with the school?

What are some of your child's favorite things?

What are your child's toileting and napping behaviors?

Does your child have any special needs?

What are your child's favorite foods?

Is there anything else you can share with us about your child that will help us ease their transition?

List family members & pets your child lives with – include first names, relation and ages of siblings.  
Please send us a family photo, your child and any family pets to [julie@thestanleyschools.com](mailto:julie@thestanleyschools.com)

# Enrollment Application | The Stanley School

© 2023 | THE STANLEY SCHOOL.

Completion of this application is required for consideration for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state child care licensing regulations.

## ENROLLMENT INFORMATION | CHILD'S INFORMATION

Child's first name	Child's middle name	Child's last name	Child's nickname	Age	Sex
Child's primary language	Parent/guardian/sponsor primary language	Child's home address	City	State	Zip
Does your child attend school? Yes No	School name				

## FAMILY INFORMATION

Parent/guardian/sponsor	Relationship to child	Home phone	Cell phone	Home email	
Home address <i>if different from above</i>	City	State	Zip	Work email	Work phone
Employer	Employer address	City	State	Zip	Work hours
Other parent/guardian/sponsor	Relationship to child	Home phone	Cell phone	Home email	
Home address <i>if different from above</i>	City	State	Zip	Work email	Work phone
Employer	Employer address	City	State	Zip	Work hours

## CHILD EMERGENCY CONTACT AND RELEASE INFORMATION | Do not include parents/guardians/sponsors

Please notify the school if an Emergency Release Contact will pick up your child on a given day. [For the safety of your child, we request that all authorized pick up persons with whom staff is not familiar provide a photo ID at the time of pick up.]

Person #1	Relationship to child	Home phone	Cell phone	Home email	
Home address	City	State	Zip	Work email	Work phone
Employer	Employer address	City	State	Zip	Work hours
Person #2	Relationship to child	Home phone	Cell phone	Home email	
Home address	City	State	Zip	Work email	Work phone
Employer	Employer address	City	State	Zip	Work hours
Person #3	Relationship to child	Home phone	Cell phone	Home email	
Home address	City	State	Zip	Work email	Work phone
Employer	Employer address	City	State	Zip	Work hours

The persons designated in this section will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed above. If you want a person who is not identified above to pick up your child, you must notify our staff in advance, in writing. Your child will not be released without prior authorization.

Parent initial ..... Staff initial ..... Date .....

## MEDICAL INFORMATION

Child's name	Birthdate	Height	Weight	Hair color	Eye color	Distinguishing marks
--------------	-----------	--------	--------	------------	-----------	----------------------

## CHILD'S MEDICAL & DEVELOPMENTAL HISTORY

Does your child have any special medical conditions? No Yes   Explain	Does your child have any chronic illnesses? No Yes   Explain
Please list a brief history of your child's serious injuries and hospitalizations.	
Does your child have diabetes? No Yes <i>If yes, please attach care instructions from your physician.</i>	Does your child have asthma? No Yes <i>If yes, please attach care instructions from your physician.</i>
Will medication be administered regularly? No Yes <i>If yes, please attach care instructions from your physician.</i>	
Does your child have any special dietary needs? No Yes   Explain	Is your child able to fully participate in all activities? No Yes   Explain
Does your child have any physical restrictions? No Yes   Explain	Is your child able to walk? No Yes   Explain
Does your child function at the level of other children in his/her age group? No Yes   Explain	
Can your child communicate his/her needs? No Yes	Does your child need assistance at meal time? No Yes   Explain
Does your child rest during the day? No Yes	Is your child toilet trained? No Yes
Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses etc.? No Yes   Explain	
Does your child require one-to-one care/supervision on a regular basis for a significant period of time? No Yes   Explain	
Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group care setting? No Yes   Explain	

## ILLNESS HISTORY please mark all that apply | *Please attach care instructions from your physician for any of these illnesses.*

Vision problems	Nosebleeds	Seizures	Hearing problems	Skin rashes	Mouth sores	Constipation	Sore throats	Fainting	Diarrhea
Ear infections	Persistent cough	Asthma/breathing problems	Urinary tract infections	Other					

## DISEASE HISTORY please mark all that apply and add the date

Chicken Pox (Varicella)	Bronchiolitis	Botulism	Measles Rubeola	Pneumonia	Haemophilus Influenza	Rubella (German Measles)	
Pertussis (Whooping cough)	Meningococcal Infection	Mumps	Tetanus	Rabies	Scarlet Fever	Diphtheria	Bacterial Meningitis

## ALLERGIES please list | *Please attach care instructions from your physician for any life-threatening allergies.*

Medication Allergies   Reaction	Food Allergies   Reaction
Bee Stings Allergies   Reaction	Respiratory Allergies   Reaction
Other Allergies   Reaction	Are any of these allergies life-threatening? No Yes   Explain

## MISCELLANEOUS SCREENINGS AND TESTS please mark all that apply and add the date of last screening

Vision	Developmental	Tuberculosis (PPD)	Hearing	Aptitude
Sickle Cell Anemia	Speech	Educational	Other	

To the best of my knowledge the information contained above is accurate.

Parent initial ..... Staff initial ..... Date .....

## MEDICAL INFORMATION

Child's name	Birthdate
--------------	-----------

## CHILD'S MEDICAL CARE PROVIDER

Primary physician's name	Primary physician's practice name	Phone
Physician's practice address	City	State
Physician's practice address	City	Zip
Preferred hospital/clinic for emergency care	City	State
Dentist's name	Dentist's practice name	Phone
Dentist's practice address	City	State
Dentist's practice address	City	Zip

## CHILD'S INSURANCE PROVIDER

Child's health insurance provider name	Policy number	Secondary health insurance provider name	Policy number
--	---------------	--	---------------

## CHILD'S IMMUNIZATION HISTORY

please attach a copy of your child's immunization records or email to julie@thestanleyschools.com

Below is a list of immunizations that your child may have received. Immunizations in bold are required by our state.

Anthrax	Influenza	<b>Pneumococcal disease</b>	Smallpox	<b>Diphtheria</b>	Lyme Disease	<b>Polio</b>	<b>Tetanus</b>	<b>Haemophilus Influenzae type b (Hib)</b>	
<b>Measles</b>	Rabies	Tuberculosis	<b>Hepatitis A</b>	Meningococcal disease	Rotavirus	Typhoid Fever	Hepatitis B	<b>Mumps</b>	<b>Rubella</b>
<b>Varicella (Chickenpox)</b>	Human Papillomavirus (HPV)		<b>Pertussis (Whooping Cough)</b>		Shingles (Herpes Zoster)		Yellow Fever		

## ADDITIONAL MEDICAL POLICIES

## INITIALS

- Prior to enrollment, I must provide the school with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with state child care regulations. \_\_\_\_\_
- I agree to provide information to the school about my child's conditions, illnesses, allergies or other needs. \_\_\_\_\_
- If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until I bring in a physician's note stating that he/she is no longer contagious. \_\_\_\_\_
- If my child becomes ill during his/her time at the school, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 2 hours after being contacted. If I cannot be reached, the staff will contact those listed in the Child Emergency Contact and Release. \_\_\_\_\_

## EMERGENCY MEDICAL AUTHORIZATION & CONSENT

- In case of a medical emergency, the staff will attempt to contact me, those listed in the Child Emergency Contact and Release, and lastly my physician. \_\_\_\_\_
- In case of a medical emergency, I agree that my child may receive first aid and/or CPR. \_\_\_\_\_
- In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary by paramedics or other emergency personnel. \_\_\_\_\_
- In case of a medical emergency, I will be responsible for the emergency medical expenses. \_\_\_\_\_
- In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center. \_\_\_\_\_

## SKIN PROTECTION AUTHORIZATION & CONSENT

Please check which products you will permit.

- I give my permission to this school to apply  sunscreen and  insect repellent to my child. \_\_\_\_\_
- I understand that I must supply my own sunscreen and/or insect repellent with a valid expiration date, and it will be labeled with my child's name. \_\_\_\_\_
- I  have  do not have special instructions for the application process. \_\_\_\_\_

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_

**RATE AGREEMENT AND CONTRACT**

Child's name	Birthdate
--------------	-----------

**HOURS OF OPERATION**

Regular operating hours are 7:30am - 6:00pm, except closings for various holidays, and inclement weather as described in the Parent Handbook. Please consult the current calendar for holidays. There is no reduction in tuition as a result of school closures.

The procedure to notify families should severe weather or other conditions prevent the school from opening on time or at all will be announced on our Kangarootime app. If it becomes necessary to close early, we will contact you or someone listed in the Emergency Contact and Release, and it will be your responsibility to arrange for your child's early pick up.

**FEE POLICY**

1. Upon enrollment, I agree to pay the tuition associated with my child's age and or classroom.
2. Tuition is due in full on the first of every month and payable by the first business day of the month.
3. Tuition is not subject to discounts for holidays, emergency closures (i.e., weather or pandemic)
4. A non-refundable annual application fee of \$150 is due at time of enrollment and each subsequent school year thereafter.
5. I agree to pay the full tuition fee even if my child is absent for one or more days.
6. A late fee of \$25.00 per day is due if tuition is not received on time. (This may increase up to 4 days, or \$100.00, at which time if tuition is not received in full with late fee, enrollment is suspended.)
7. Military, First Responder and Emergency Personnel discount is available.
8. A late pick-up fee of \$5.00 per minute, per child, is due if my child is not picked up before closing. This applies to the first 20 minutes after closing, afterwards a full day's tuition will be charged.
9. Accounts two weeks in arrears may result in immediate termination of service.
10. Forms of payment include: ACH/automatic debit, Subject to \$2.00 monthly fee, Credit Card - American Express, Visa, MasterCard, Discover. (Subject to 2-3% monthly fee)
11. All returned checks or ACH transactions (automatic debits) will be charged a fee of \$100.00. Two or more returned checks or ACH transactions will result in my account being placed on "money order only" status.

**INITIALS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER AGREEMENTS INITIALS**

**PRIVATE EMPLOYMENT ACKNOWLEDGMENT AND RELEASE** | Any arrangement/employment between me and staff of the school (i.e., babysitting), outside of the programs and services offered by the school, is an individual endeavor and private matter not connected to or sanctioned by the school. The school shall remain harmless from any such arrangement.

**INITIALS**

\_\_\_\_\_

**MEDIA RELEASE** | Occasionally, photos will be taken of children at school for use within the school or on our website, social media and/or newsletters. Please indicate that you authorize the use and reproduction of photos of your child in conjunction with the school. The children's names will remain anonymous.

\_\_\_\_\_

**UNIFORM REQUIREMENT** | Stanley School students, 3 to 5 years old, will be required to wear our approved uniform every day. Parents will be responsible for purchasing these uniforms through Dennis Uniforms, via their portal. We will also host 2 fittings events per year.

\_\_\_\_\_

**HANDBOOK ACKNOWLEDGMENT**

1. I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Parent Handbook and agree to abide by them.
2. Information contained in the Parent Handbook may be subject to change.
3. I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Application.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONTRACT APPROVAL**

I certify that I have read, understand, and accept all of the terms and conditions described in this Enrollment Application.

Primary Parent/Guardian/Sponsor Signature	Date	School Staff Signature	Date
---	------	------------------------	------

Thank you for your interest in The Stanley School.

To submit this application, please click here to email:

[julie@thestanleyschools.com](mailto:julie@thestanleyschools.com)

Or, you can download, print out, complete and mail to:

The Stanley School Administrative Office  
1801 Duncan Ave., Chattanooga, TN 37404



**Call for more details.**

423.418.6474  
1800 McCallie Ave.  
Chattanooga, TN 37404