Parent-Provider Agreement

1. This agreement contains the terms that are agreed upon between _____ _____ (Hereinafter referred to as "Parent") and Grow Academy (hereinafter referred to as "Provider"), for the care of:

_____ _____
Name of Child Date of Birth

Days/Time in Care:

Monday	_____	to _____
Tuesday	_____	to _____
Wednesday	_____	to _____
Thursday	_____	to _____
Friday	_____	to _____

_____ _____
Name of Child Date of Birth

Days/Time in Care:

Monday	_____	to _____
Tuesday	_____	to _____
Wednesday	_____	to _____
Thursday	_____	to _____
Friday	_____	to _____

_____ _____
Name of Child Date of Birth

Days/Time in Care:

Monday	_____	to _____
Tuesday	_____	to _____
Wednesday	_____	to _____
Thursday	_____	to _____
Friday	_____	to _____

_____ _____
Name of Child Date of Birth

Days/Time in Care:

Monday	_____	to _____
Tuesday	_____	to _____
Wednesday	_____	to _____
Thursday	_____	to _____
Friday	_____	to _____

2. **Contact Information.** The addresses and phone numbers of the parties to this agreement are as follows:

Provider:	Parent:
Grow Academy	Name(s): _____
830 Kirkwood Avenue	Address: _____
Nashville, TN 37204	City, State Zip: _____
(615) 810-9970	Phone: _____
EIN: 45-5332515	SSN(s): _____

3. **Date of Agreement.** This agreement shall come into effect on _____.

4. **Payment Due Dates.** Parent shall pay according to the following schedule:

Monthly (with payments due on the first day of the month)

5. **Full-Time Rate Schedule** Full-time care rates apply when attendance days specified in Clause 1 is four (4) or five (5) days.

Age of Child	Monthly Rate	Weekly Rate
Infants (6 weeks to 12 months)	$1321.00	$305.00
1 Year (12 to 24 months)	$1278.00	$295.00
2 Years (24 to 36 months)	$1256.00	$290.00
3 Years (36 to 48 months)	$1235.00	$285.00
4 Years (48 to 60 months)	$1170.00	$270.00
Kindergarten (5 Before August 15th)	$281.66	$65.00

6. **Deposit.** Parent shall pay a deposit equivalent to two (2) weeks of tuition before beginning care regardless of payment in part or in full by any third-party. Should Parent enroll in a recurring Check payment schedule, deposit may be waived by Provider.

7. **Need-Based Discount.** Should Parent demonstrate financial need, discount shall be determined by board based on income. Said discount shall apply to the base rate without regard to any other discount or any other payor. Financial need shall be presumed if Parent receives benefits through any of the following programs: (1) Supplemental Nutrition Assistance Program (SNAP); (2) Families First (FF) Cash Assistance; or (3) Families First (FF) Child Care Assistance. Parent shall provide proof of receipt of benefits and shall be attached to this contract as an addendum. Parent shall be responsible for updating such documentation as necessary. Failure to update said documentation shall result in termination of the need-based discount. Termination shall be effective the following week after last date of proof of receipt of benefit.
   Otherwise, financial need shall be determined by referencing the most current Child and Adult Care Food Program (CACFP) income and eligibility guidelines. In this case, if Parent qualifies for either free or reduced price meals, then financial need is demonstrated. Parent must prove income and eligibility by providing documentation in the form of either: (1) a tax return for the most recent tax year or (2) a verification of non-filing issued by the Internal Revenue Service. Said documentation shall be attached to this contract as an addendum. Parent must update said documentation annually by June 1st. Failure to update documentation by June 1st shall result in immediate termination of this discount.

6. **Sibling Discount.** Should Parent enroll two (2) children for full-time care, then a 10.00 a week discount shall apply to the older child's tuition. Should Parent enroll three (3) or more children for full-time care, then a $10.00 a week discount shall apply to the oldest child's tuition, and a $5.00 discount a week shall apply to all other children's tuition. In order for this discount to apply, all children must belong to the same household as Parent.

7. **Absence and Late Attendance.** Tuition is due and payable regardless of the child's absence. Tuition is not prorated based on late attendance or absence.

8. **Holidays.** Tuition is payable regardless of holiday closings. Should a holiday fall on a date in which tuition is due, the due date of said payment shall be the following day that Provider is open. A listing of holidays in which Provider shall close follows:

New Year's Day (January 1st)*
Martin Luther King Jr. Day (3rd Monday of January)
Presidents' Day (3rd Monday of February)
Good Friday (Friday before Easter)
Memorial Day (Last Monday of May)
Independence Day (July 4th)*
Labor Day (1st Monday of September)
Veterans Day (November 11th)*
Thanksgiving Day (4th Thursday of November)
Day after Thanksgiving (4th Friday of November)
Christmas Eve (December 24th)*
Christmas Day (December 25th)*
Day after Christmas (December 26th)

*Should holiday fall on a Saturday, Provider will close on the Friday prior to the holiday. Should holiday fall on a Sunday, Provider shall close on the Monday following the holiday.

Provider shall close at 1:00 pm on the following days:

Day before Thanksgiving (4th Wednesday of November) Day before Christmas Eve (December 23rd)

9. **Weather-Related Closings.** Provider reserves the right to close or alter hours of operation due to inclement weather. Should Provider close or alter hours due to inclement weather, Provider shall notify Parent via any reasonable means as soon as practicable. It is presumed that reporting the closing or alteration of hours to a local news station is reasonable.

10. **Other Fees.** Parent is responsible for the following additional fees:

Enrollment Fee[12]	$	100.00
Activities Fee[1234]	$	150.00
Rest Mat & Cover Fee[123]	$	50.00
Late Pick-Up Fee[156]	$	1.00
Returned Check Fee[67]	$	30.00
Late Payment Fee[68]		5%
Sheet/Blanket Laundering Fee[9] - Initial if Desired: _____	$	1.50
Organic Menu Fee[10] – Initial if Desired: _____	$	20.00

1 Per Child
2 Due at Time of Enrollment
3 For Children one (1) year or older
4 Due annually
5 Per Minute
6 Added to Following Week's Tuition
7 Per Item
8 Assessed on Day Payment is Late and Every Month Thereafter
9 Weekly Fee
10 Per Day Based on Number of Days Listed in Clause 1

11. **Late Payments.** Late payments shall be subject to a five percent (5%) fee assessed on the day the payment is late. Late fee shall be assessed every month thereafter on overdue amount. Shall Parent's account become more than two (2) weeks overdue, care shall be terminated until account is paid in full and new enrollment fee is paid. Any accommodation or waiver of late fees by Provider on an overdue account on a particular occasion shall not be deemed a waiver for any subsequent occasions.

12. **Form of Payment.** Provider shall accept the following forms of payment: check, cash, money order, Should Parent's account be subject to a returned check fee, Provider reserves the right to require Parent to make future payments in any form Provider deems appropriate.

13. **Receipts.** Receipts will be available upon the date payment is delivered. Upon request, a year-end summary will be provided.

14. **Childcare Certificates.** If tuition is paid in part or in full with a childcare certificate issued by the Department of Human Services, Parent is responsible for maintenance of said certificate. Should certificate be cancelled, Parent is responsible for entire amount of tuition.

15. **Change in Information.** Parent shall notify Provider in writing of any changes in contact information or any change in circumstance that may affect this agreement. Changes in contact information shall be provided as soon as practicable. Any other changes in circumstance shall be provided at least four (4) weeks prior to the changes are to take effect.

16. **Adherence to Rules & Policies.** Parent shall abide by all rules, guidelines, policies, and terms set forth in the Parent Handbook provided by Provider. Parent shall abide by all terms of this agreement. Provider agrees to respect all opinions and comments made by Parent and to provide adequate care for the child(ren) listed in Clause 1. Parent acknowledges receipt of the summary of licensure rules for childcare centers issued by the Department of du ation.

17. **Termination of Contract.** This agreement shall remain in effect indefinitely. Should Parent wish to terminate this agreement, Parent shall provide written aid Month noti e prior to child's last day of care. The Two Week e osit will e ut towards the last month tuition. ailure to gi e a month noti e will forfeit de osit.

18. **Legal Fees for Breach of Contract.** Should Parent breach any term of this agreement, any legal fees incurred by Provider in pursuing enforcement of the agreement shall be paid by Parent.

19. **Integration.** The parties listed herein intend this written contract to be the final and complete statement of their agreement. No extrinsic evidence shall be admissible to vary, alter, or contradict any term of this contract.

20. **Effect of Agreement.** By signing below, Parent acknowledges that this is a legally binding document. Parent understands that providing false information or violating the terms herein shall be grounds for termination of childcare services, forfeiture of deposit, or both.

Parent Signature Date

Parent Name (Printed)

Parent Signature Date

Parent Name (Printed)

Guarantor Signature Date

Guarantor Name (Printed)

Provider Signature Date

Provider Name (Printed) Title

ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Grow Academy to charge my bank account
(full name)

Monthly on the first of the month for the for payment of my fees for the current month.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: ☐ Checking ☐ Savings

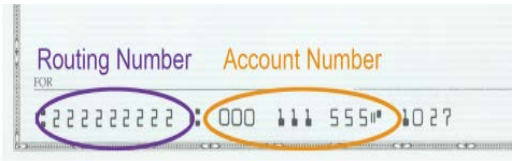
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Grow Academy in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Grow Academy may at its discretion attempt to process the charge again within 30 days, and agree to an additional 35.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

_____

_ Child's Name (Last Name, First Name)

Student File Checklist

_____/_____/_____ Date of Pre-Enrollment Visit

_____/_____/_____ Date Started Care

_____/_____/_____ Last Date of Care

- ☐ Information Sheet (Updated Annually) - Date(s):_____
- ☐ Medical Information Sheet
- ☐ Dietary Restrictions Form
- ☐ Emergency Release
- ☐ Classroom Information Sheet
- ☐ Dismissal Plan
- ☐ Transportation Plan
- ☐ Receipt for Parent Handbook & DOE Licensing Summary
- ☐ Influenza Information Notification Form
- ☐ Immunization Record (or Substitute)
- ☐ Physical Exam (If Child Less than 30 Months)
- ☐ Personal Safety Curriculum Notification Form (If Child 3 Years or Older)
- ☐ Photo Permission Form
- ☐ Other Permission Forms – Date(s)&Description(s)_____ _____
- ☐ Accident Reports – Date(s):_____ _____
- ☐ School Information Form (If Child is School-Age) & Acknowledgment Regarding Kindergarten Prerequisite (If Child 5 Years Old)
- ☐ Daily Activity Records (If Child Has Special Needs)
- ☐ Parent-Provider Agreement (In Obliger Record)
- ☐ Food Program Enrollment Form (In Food Program File)

Student Information Form

Date:

Part One. Child's Information

Name:

Date of Birth: Sex: ☐ Male ☐ Female

Address Line 1:

Address Line 2:

City: State: Zip Code:

Home Phone: SSN:

Is your child adopted? ☐ Yes ☐ No

If so, does the child know? ☐ Yes ☐ No

Is a language other than English spoken at home? ☐ Yes ☐ No

If so, what language?

At what age did your child accomplish each of the following?

Crept on Hands and Knees:

Sat Alone:

Named Simple Objects:

Repeated Short Sentences:

Began Toilet Training:

Does your child take a bottle? ☐ Yes ☐ No

If so, should the bottle be warmed? ☐ Yes ☐ No

Can your child hold a bottle? ☐ Yes ☐ No

Does your child eat any of the following?

- ☐ Formula
- ☐ Whole Milk
- ☐ Strained Foods
- ☐ Junior Foods
- ☐ Other:

What are your child's favorite foods?

Does your child dislike any foods? ☐ Yes ☐ No

If so, please specify.

Does your child use a pacifier? ☐ Yes ☐ No

If so, when?

What time(s) does your child take a nap?

Does your child have any special nap requirements?

Is your child toilet trained? ☐ Yes ☐ No

Does your child wear diapers at naptime? ☐ Yes ☐ No

What brand/type of diaper do you use?

How does your child indicate that he or she needs to use the restroom?

Can your child dress him or herself? ☐ Yes ☐ No

Is your child right or left handed? ☐ Right ☐ Left

Does your child sleep well? ☐ Yes ☐ No

Favorite Indoor Play Activities:

Favorite Outdoor Play Activities:

Does your child have any fears you are aware of? ☐ Yes ☐ No

If so, what are they?

Does your child have any speech, sight, or hearing problems? ☐ Yes ☐ No

If so, what are they?

Has your child attended school, preschool, or daycare before? ☐ Yes ☐ No

If so, where and how long?

What is your disciplinary method used at home?

What is your child's usual reaction?

Describe your child's personality.

What is your child's activity level?

Is your child read to regularly? ☐ Yes ☐ No

What is his or her favorite book or story?

Is your child interested in music? ☐ Yes ☐ No

If so, what is your child's favorite song or musician?

Does your child enjoy arts and crafts? ☐ Yes ☐ No

If so, what is your child's favorite artistic medium (e.g., crayons, clay, etc.)?

Does your child get along well with other children? ☐ Yes ☐ No

Does your child accept new people easily? ☐ Yes ☐ No

Does your child have any nervous habits? ☐ Yes ☐ No

If so, when are they likely to show?

Does your child need special help with anything? ☐ Yes ☐ No

If so, please explain.

Is there any other information you would like to share about your child?

Part Two. Parents' Information

Name: SSN:

Home Address Line 1:

Home Address Line 2:

City: State: Zip Code:

Business Address:

City: State: Zip Code:

Home Phone: Business Phone:

Mobile Phone: Email:

Would you like to receive text messages? ☐ Yes ☐ No

Work Schedule:
☐ Monday to
☐ Tuesday to
☐ Wednesday to
☐ Thursday to
☐ Friday to

Name: SSN:

Home Address Line 1:

Home Address Line 2:

City: State: Zip Code:

Business Address:

City: State: Zip Code:

Home Phone: Business Phone:

Mobile Phone: Email:

Would you like to receive text messages? ☐ Yes ☐ No

Work Schedule:
☐ Monday to
☐ Tuesday to
☐ Wednesday to
☐ Thursday to
☐ Friday to

Part Three. Family Information

Parents' Marital Status:

If separated or divorced, who has primary legal custody?

If separated or divorced, who is the primary residential parent?

If separated or divorced, please attach a copy of the parenting plan (or similar court document if from court outside Tennessee).

Does either parent have an interesting occupation, hobby, or talent?

Are there any other family members in your household? ☐ Yes ☐ No

If so, please list each family member and his or her relationship to your child.

Name: Relationship:

Name: Relationship:

Name: Relationship:

Name: Relationship:

Name: Relationship:

Is there any other information about your family that you would like to share?

Part Four. Emergency Contact Information

Please list persons whom you would like us to contact in the event of an emergency if neither parent can be reached.

Name: Relationship to Child:

Home Address:

City: State: Zip Code:

Business Address:

City: State: Zip Code:

Home Phone: Business Phone:

Mobile Phone: Okay to send text messages? ☐ Yes ☐ No

Name: Relationship to Child:

Home Address:

City: State: Zip Code:

Business Address:

City: State: Zip Code:

Home Phone: Business Phone:

Mobile Phone: Okay to send text messages? ☐ Yes ☐ No

Name: Relationship to Child:

Home Address:

City: State: Zip Code:

Business Address:

City: State: Zip Code:

Home Phone: Business Phone:

Mobile Phone: Okay to send text messages? ☐ Yes ☐ No

Nondiscrimination Policy. Grow Academy admits students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. Grow Academy does not discriminate on the basis of race, color, national origin, and ethnic origin in administration of its educational policies, scholarship and loan programs, and athletic and other school-administered programs.

_____

Child's Name (Last Name, First Name)

Medical Information Sheet

_____

Child's Date of Birth

_____ _____

Physician's Name | Physician's Phone Number

_____ _____

Physician's Address | City, State Zip Code

_____ _____

Insurance Company | Policy Number(s)

_____ _____

Preferred Hospital | Child's Blood Type

Please list any medicine allergies. _____

Please list any food allergies on the dietary restrictions form.

Please list any special medical conditions. _____

_____

Please place a check in the box if your child has or previously had any of the following conditions:

[ ] Asthma	[ ] Chicken Pox	[ ] Constipation
[ ] Convulsions	[ ] Diabetes	[ ] Ear Infections
[ ] Fainting Spells	[ ] Frequent Colds	[ ] Frequent Sore Throat
[ ] German Measles	[ ] Heart Attack	[ ] Hepatitis
[ ] HIV/AIDS	[ ] Impetigo	[ ] Lice
[ ] Measles	[ ] Mumps	[ ] Polio
[ ] Ringworm	[ ] Scarlet Fever	[ ] Skin Rash
[ ] Tuberculosis	[ ] Upset Stomach	[ ] Urinary Problems
[ ] Whooping Cough	[ ] Other: _____	

_____

Child's Name (Last Name, First Name)

Dietary Restrictions Form

Please list any dietary restrictions for your child below.

Restricted Food or Food Group:_____
Acceptable Alternatives (e.g., milk restriction, soy milk substitute):_____
_____
If restriction is due to a food allergy, please describe your child's reaction:_____
_____
_____

Restricted Food or Food Group:_____
Acceptable Alternatives (e.g., milk restriction, soy milk substitute):_____
_____
If restriction is due to a food allergy, please describe your child's reaction:_____
_____
_____

Restricted Food or Food Group:_____
Acceptable Alternatives (e.g., milk restriction, soy milk substitute):_____
_____
If restriction is due to a food allergy, please describe your child's reaction:_____
_____
_____

Restricted Food or Food Group:_____
Acceptable Alternatives (e.g., milk restriction, soy milk substitute):_____
_____
If restriction is due to a food allergy, please describe your child's reaction:_____
_____
_____

Restricted Food or Food Group:_____
Acceptable Alternatives (e.g., milk restriction, soy milk substitute):_____
_____
If restriction is due to a food allergy, please describe your child's reaction:_____
_____
_____

Restricted Food or Food Group:_____
Acceptable Alternatives (e.g., milk restriction, soy milk substitute):_____
_____
If restriction is due to a food allergy, please describe your child's reaction:_____
_____
_____

_____

Child's Name (Last Name, First Name)

Emergency Release

Consent to Emergency First Aid and Transportation

I hereby give permission for my child, _____, to be given emergency treatment by a staff member of Grow Academy. I also give permission for my child to be transported by car, ambulance, or aid vehicle to an emergency center for treatment and agree to hold Grow Academy and its employees harmless for any injury resulting from such measures.

_____ _____

Parent Signature Date

_____ _____

Parent Signature Date

Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately, medical or surgical treatment may be administered to my child in the case of an accident or emergency as prescribed by a treating physician. I agree to hold Grow Academy harmless for such measures.

_____ _____

Parent Signature Date

_____ _____

Parent Signature Date

Waiver of Claims

I agree that neither or nor my child will bring any claims of any kind against Grow Academy and its employees as a result of injuries, expenses, or damages that I or my child may suffer in any way related to the use of Grow Academy's facilities, toys, other children, teachers, or the like. This waiver applies to all claims, whether known or unknown, present or future. Grow Academy shall not be responsible for providing or paying for my child's health care.

_____ _____

Parent Signature Date

_____ _____

Parent Signature Date

Emergency Contact and Medical Information

Child's Name

Date of Birth M F Sex

Parent's/Guardian's Name

Home Phone Work Phone

Address

City, ST ZIP Code

Parent's/Guardian's Name

Home Phone Work Phone

Address

City, ST ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact

Home Phone Work Phone

Address

City, ST ZIP Code

Secondary Emergency Contact

Home Phone Work Phone

Address

City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

Dismissal Plan

Persons Authorized to Pick Up

Persons NOT Authorized to Pick Up

Photo Permissions

☐ Take photos ☐ Post photos on bulletin board ☐ Post first name in captions

_____

Child's Name (Last Name, First Name)

Dismissal Plan

Requested Door Code (4 Digits): _____

By signing below, Parents agree not to disclose their door code to anyone else, including persons authorized to pick up their child (listed below).

Office Use Only

Location: _____. Programmed on ___/___/___ by _____. Deactivated on ___/___/___ by _____.

The following persons are authorized to pick up my child:

1. _____
2. _____
3. _____
4. _____
5. _____

The following persons are not authorized to pick up my child:

1. _____
2. _____
3. _____
4. _____
5. _____

Any other release procedures (e.g., password):_____

_____

_____

_____ _____

Parent's Signature Date

_____

Parent's Name (Printed)

_____ _____

Parent's Signature Date

_____

Parent's Name (Printed)

_____

Child's Name (Last Name, First Name)

Transportation Plan

Please mark the appropriate box regarding your child's transportation to and from school.

☐ All transportation to and from Grow Academy will be provided by a parent, legal guardian, or family member.

☐ I have a transportation plan with a third-party, the details of which follow: _____

_____

_____

_____

_____

_____

_____ _____

Parent's Signature Date

_____

Parent's Name (Printed)

_____ _____

Parent's Signature Date

_____ _____

Parent's Name (Printed)

Acknowledgement

Child's Name: _____

By signing below, I acknowledge that I have received the Grow Academy Parent Handbook and a copy of the Department of Education Licensing Summary. I agree to abide by the policies therein.

_____ _____

Parent's Signature Date

_____

Parent's Name (Printed)

By signing below, I acknowledge that I have received the Grow Academy Parent Handbook and a copy of the Department of Education Services Licensing Summary. I agree to abide by the policies therein.

_____ _____

Parent's Signature Date

_____

Parent's Name (Printed)

Influenza Information Notification Form

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**

Rosalie Jordan 04/18/2016

_____

Signature of Agency Representative **Date**

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

PERSONAL SAFETY CURRICULUM NOTIFICATION FORM

Since 1985, Tennessee law has required that children in child care agencies receive annual instruction in personal safety, including child sexual abuse prevention. The personal safety curriculum shall include a Department-recognized component on the prevention of child abuse.

Public Chapter 1032 passed by the General Assembly in 2008 requires that child care agencies have a personal safety curriculum, including a child sexual abuse component, for children enrolled in the agency, and that parents/legal guardians be informed about the curriculum, methods and terminology that will be used in teaching children about personal safety. The Department of Human Services was directed to provide guidelines for this curriculum, but individual child care agencies may choose a curriculum that accomplishes the same goal, and may use different terminology in the curriculum. The child care agency is required to allow parents/legal guardians to review and ask questions about the curriculum, and to meet with representatives of the child care agency if they have questions.

In addition, the child care agency must obtain from parents/legal guardians a form acknowledging that they have been notified of the child sexual abuse/personal safety curriculum being used by the child care agency in which the child is enrolled. A copy of the form is required to be maintained in the child's record.

"Keeping Kids Safe" is the sample personal safety curriculum offered by the Department. This curriculum takes a holistic approach to the safety of children. The curriculum is composed of the following units: Self Esteem, Family & Friends, Feelings, Problem Solving, Personal Safety (general) and Personal Safety (4-5 year olds), and Safety Around Me. All sessions begin with group time and are followed by supplemental activities that give children additional practice in understanding the concepts. The curriculum uses hand puppets to serve as a group motivator and to introduce the stories. Together staff and parents decide what terminology to use when referring to the genitals, either the correct anatomical terms or the general term "private body parts."

(Continued on Reverse)

☒ **"Keeping Kids Safe" is the personal safety curriculum used by our child care agency.**

☐ **Our agency uses another personal safety curriculum described below:**

Method of Instruction:

_____
_____
_____
_____
_____
_____

Sample Terminology:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

The instructional materials used in the agency personal safety curriculum are available for review by the parents or legal guardians.

I/We acknowledge that we have been provided an opportunity to review the agency's personal safety curriculum, and have been notified of the sexual abuse/personal safety curriculum for our child/children.

_____ _____
Signature of Parent or Legal Guardian **Date**

_____ _____
Signature of Parent or Legal Guardian **Date**

Rosalie Jordan 04/18/2016
_____ _____
Signature of Agency Representative **Date**

_____

Child's Name (Last Name, First Name)

Photo Permission Form

By signing below, I hereby authorize Grow Academy to take photos of my child. I also authorize Grow Academy to use photos in newsletters, on bulletin boards located inside the school, on the website, and on social media affiliated with the school. Grow Academy shall not use names in captions for photos on the website or other social media sites.

Please indicate your preference with regard to use of your child's photo in promotional materials below:

☐ Grow Academy may use photos of my child in promotional materials.

☐ Grow Academy may not use photos of my child in promotional materials.

_____ _____

Parent's Signature Date

_____

Parent's Name (Printed)

_____ _____

Parent's Signature Date

_____

Parent's Name (Printed)

Standards for School-administered Child Care, Chapter 0520-12-01
SUMMARY

Program Organization and Administration, 0520-12-01-.05

- A Child Care Center must have an adequate budget. General liability, automobile liability, and medical payment insurances must be maintained on all properties and vehicles owned or operated by the program.
- Children's files must include a complete application, an official immunization record (exceptions do apply), and health history.
- On-going parent communication is expected. Programs must provide a parent handbook with the policies, procedures, and the TDOE requirements, chapter 0520-12-01. It is expected that parents sign for receipt of the policies and requirements, and this would be kept in the child's file. All parents shall be given a pre-placement visit opportunity.
- Parents must have access to all areas of the center when their child is present.
- The parents must receive an educational program regarding child abuse detection, reporting and prevention.
- A written plan must be in place for the release of each child, this should include individuals who are allowed to pick up the child at the end of the day or any given time by the parent.
- Children must be signed out of the program by the custodial parent. Staff may require to see a person's identification when releasing a child from the program.
- Injuries and incidences will be reported to the parent as soon as possible or at the end of the school day. This shall be documented in the child's file.
- Staff records must be kept on each employee that includes educational background, reference checks, TBI check, in-service training, physical exams and performance reviews.
- If the center provides transportation, the driver should be appropriately licensed, have a drug screening on file, and certificate of CPR/First Aid, there must be liability insurance and the children must have adequate space and supervision. Transportation provided by the center or under center authorization shall comply with state law.
- Programs must have the current Certificate of Approval posted where parents and visitors can easily see it, along with the Department of Human Services childcare complaint number and the Department of Children's Services Child Abuse Hotline number.
- No smoking must also be posted in a conspicuous manner.
- A copy of the state board rules (chapter 0520-12-01) must be maintained in a central space and available to all staff and parents.

Program Operation (Supervision), 0520-12-01-.06

- Careful supervision of each group is expected at all times and suited appropriately for each age grouping.
- Adult:child ratios and group sizes must be followed.

Single-age grouping chart:

AGE	GROUP SIZE	ADULT:CHILD RATIO
Infant (6wks-12 m)	8	1:4
Toddler (11m-23m)	12	1:6
Two (2) years old	14	1:7
Three (3) years old	18	1:9
Four (4) years old	20	1:13
VPK, 619, PDG	20	1:10

Multi-age grouping chart:

AGE	GROUP SIZE	ADULT:CHILD RATIO
Infant – 18 months	8	1:4
18 – 36 months	16	1:8
3 – 4 years old only	20	1:10
3 – 6 years old*	24	1:13

*Not including first grade children

- Group sizes must be maintained in the classroom, but classes may combine while outdoors, in common dining areas, or common napping areas.
- Each group must have their own space. Infants cannot be group with children older than 30 months; a separate area must be provided for infants and toddlers.
- At naptime, ratios may be relaxed for groups (except for infants and toddlers).
- A written playground supervision plan is required.
- Field trips requires adult:child ratios to be doubled. Swimming has a separate ratio chart and the life guard is not included in the ratio.

Staff, 0520-12-01-.07

- All programs must have a director and enough teachers and staff to meet the required ratios for adequate supervision.
- Staff must be physically, mentally and emotionally stable to work with children and have knowledge of early childhood behaviors and development.
- Teachers and assistant teachers must be 21 years of age if hired after June 30, 2017. Any staff member under the age of 21 must be supervised by an adult, except for before and after school programs.
- All new staff must complete 2 hours of orientation before assuming duties and receive annual instruction in early childhood topics that are required in this chapter section.
- The program must maintain written documentation that each employee has read the full set of all applicable rules.
- A copy of the entire rules must be maintained and readily accessible to all employees.
- All staff must have a criminal background check upon hiring and must be cleared before assuming duties. A new fingerprint sample is required every 5 years for all employees.
- A director shall be responsible for the day-to-day operations, shall be physically present in the facility for at least half the hours of operation, be at least 21 years of age, and follow the qualification guidelines listed in this chapter section.
- An assistant director may be designated in charge when the director is absent.
- All directors, assistant directors, teachers, assistant teachers, and other staff working directly with the children must have professional development training. 24 hours is required for the 2017/2018 school year and 30 hours is required for the 2018/2019 school year and beyond. At least 6 hours of this professional development must be in developmentally appropriate literacy practices.

Program, 0520-12-01-.09

- Educational activity must be developmentally appropriate for the age and ability of the children enrolled. (See TN-ELDS for Birth-48 Months and TN-ELDS for 48 month-Kindergarten)
- Any technology used by the children must be reviewed by staff, approved by parents, and shall not exceed 2 hours per day.
- Children shall not be left in restraining devices (swings, car seats, high chairs, etc.) for periods longer than 30 minutes.
- Children should have opportunities to play together and also alone when they choose to do so.
- Personal safety must be taught each year for children ages 3 through school age.
- Outdoor play must be provided for all ages who are in care for more than 3 daylight hours, weather permitting (temp ranges 32-95 degrees).
- Behavior management and discipline must be reasonable and age appropriate. Spanking or other corporal punishment is not allowed. Timeout must be based on the age of the child and take place in an appropriate location.
- Children shall not be in care for longer than 12 hours in a day.
- Routines such as snack, meals, and res shall occur at approximately the same time each day.

Health and Safety, 0520-12-01-.10

- A first aid kit must be on the premises and a comprehensive first aid chart or list must be available.
- There must a staff member present at all times who has a current certification in CPR and first aid training.
- A written plan to protect children during disasters is required. Drills must be practiced and documented each month. At least one drill must be practiced during extended care hours.
- Smoking and the consumption of alcohol are not allowed on the premises of a child care program.
- Firearms are not allowed on the premises or in a vehicle used to transport children.
- Kitchen knives or other potentially hazardous tools must be kept inaccessible to children.
- Staff's personal belongings must be kept inaccessible to children.
- Emergency contact numbers must be listed and posted near all telephones.
- Conduct regular morning health checks of each child and notify parents immediately when a child is sick or injured.
- Medication may not be given to any child without the written consent of the parent/guardian.
- Safe sleep practices for infants must be followed:
    - Infants places on their back to sleep, in a crib or pack 'n play with only the sheet. Soft bedding for infants is not allowed.
    - No swaddling or wrapping in a blanket.
    - Infants must be touched by a teacher every 15 minutes to check breathing and body temperature.
    - Infant room teachers must have SIDS and safe sleep training before reporting for duty.
- Hand washing and diapering procedures must be followed to minimize the spread of germs in the classrooms.
- Developmentally appropriate equipment that is in good repair and easily cleaned is required. All manufacturer's safety instructions must be followed.
- Electrical cords and outlets should be inaccessible to the children.
- Children must have a place to store their belongings that minimizes the spread of germs.
- Each child must have their own napping equipment (2" thick mat or cot; sheet or cover for the mat; and a coverlet for their body)
- All staff must report reasonable suspicions of child abuse to DCS hotline number or local law enforcement. Annual training for this is required.

Food, 0520-12-01-.11

- Children will receive meals based on the amount of hours spent in the program.
- Food should not be forced or withheld from children.
- Infants must be held while bottle feeding and bottles may not be heated in the microwave.

- Special diets and instructions must be provided in writing.
- A menu must be posted each week. Changes to the meal must be documented before the meal occurs.
- Teachers and children must wash hand when handling and eating food.
- All eating surfaces must be washed with soapy water and sanitized before eating and after eating.
- Children must be seated at appropriately sized tables and adults must closely supervise them while eating.
- Milk must be placed in the refrigerator immediately after it is served. All formulas remaining in bottles after feeding must be discarded.
- Highchair manufacturer's restraints must be used.
- Food must be properly handled and stored to protect from it contamination.
- Milk and perishable food must not sit on the table longer than 15 minutes before being served.

Physical Facilities, 0520-12-01-.12

- All facilities must pass an annual fire inspection and health inspection.
- A working telephone is required.
- A minimum of 30 square feet of usable indoor play space for each child is required.
- The area must be clean and safe for the children to use.
- A minimum of 50 square feet per child is required outdoors.
- The outdoor area must be fenced.
- Outdoor play equipment must be age appropriate for the group of children.
- Outdoor equipment must be placed to avoid injury and have a proper amount of resilient surfacing material to cushion a fall.
- The outdoor playground must be properly maintained with a written playground maintenance plan. A pre-play inspection is required before children play outdoors.
- Drinking water shall be provided in all occupied rooms.
- Adequate temperature must be maintained in all classrooms.
- Classroom pets must be kept in a clean cage and kept away from food storage or food preparation areas.

Transportation, 0520-12-01-.13

- All transportation laws must be followed at all times and are defined in State board of education Pupil Transportation Rule 0520-01-05-.01 (2).
- Liability insurance coverage is required on all vehicles.
- 15 passenger vans are strictly prohibited.
- Proper child passenger restraints are to be used when transporting children in passenger vehicles.
- All school bus drivers must be properly licensed, have received a background check through the department, complete an annual physical and mental exam, complete annual school bus driving training, and complete CPR certification.
- Adult monitors in addition to the driver may be needed to properly supervise children while in route.
- Passenger logs must be kept and inspection of vehicles at the end of the route is required to insure no child is left inside.

Care of Children with Special Needs, 0520-12-01-.14

- When children with special needs are enrolled, all reasonable and appropriate efforts shall be made to provide those children equal opportunity to participate in the same program activities as their peers.
- Adaptations to the environment shall be directed toward normalizing the lifestyle of the child with a disability by helping him/her become independent and develop self-help skills.

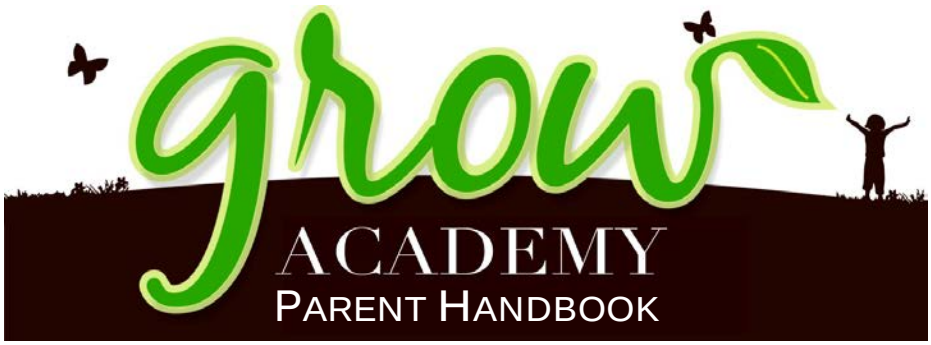
- The program shall inform parents of any specialized services available from the program, and if the program is aware of any specialized services available through third parties, shall additionally inform the parent of such services.
- Governing agency shall develop policies and procedures, in accordance with 0520-01-09-.23, governing personnel authorized to use isolation and restraint, training requirements and incident reporting procedures.

School-Age Before and after School Programs 0520-12-01-.15

- All staff shall be 18 years of age.
- Professional development training hours are required: 18 hours for directors and 12 hours for staff.
- Ratio for Kindergarten-12 years old is 1:20 and for 13 years and older is 1:30.
- Ratio and group size requirements when pre-k is enrolled in the program

AGE	Group Size	Adult: Child Ratio
Including 3 year olds	15	1:10
Including 4 year olds	20	1:12

COMPLAINT HOTLINE: (LONG DISTANCE) 1-800-462-8261
(NASHVILLE AREA) 615–313-4820



www.growacademynashville.com
830 Kirkwood Avenue
Nashville, Tennessee 37204
(615) 810-9970

WELCOME

The staff of Grow Academy extends a warm welcome to the enrolled students and their parents. The first few years in a child's life are very important. We are glad that you have chosen to share your child with us during this crucial time of development. Our number one priority is quality care for all students. To reach that goal, it is important that we understand your expectations and communicate to you a clear statement of our purpose and needs.

Grow Academy is a child centered program designed to offer a comfortable first step into the world of group education for young children. We encourage socialization, but we never sacrifice individual time or needs in the process. This balance takes a special knowledge that all of our teachers have and will exhibit. It comes with experience and training; it comes with caring. Special attention is given to developing an individualized curriculum to meet specific learning and developmental needs in each child. Experienced teachers work closely with parents to keep them informed of their student's successes and progress. Your child's day will be further enhanced if the staff can depend on you, the parent. We need you to work with us, to become involved with what we are doing, and to support us in whatever ways you are able.

Thank you for the opportunity to share in this phase of your child's growth. We will strive every day to make Grow Academy a very special and important place to your child and to you.

MISSION AND PHILOSOPHY

To a child, each day is an adventure filled with new experiences and lessons. At Grow Academy, our goal is to guide our students on their personal adventures in order to facilitate maximum mental, physical, and emotional growth. We strive to create a nurturing environment, not only for our students to learn, but also for their parents to feel welcome and comfortable. Our mission is to play an integral role in our students lives--to help them as they grow into healthy, productive, well-rounded individuals.

Mental Growth

Our curriculum provides a stimulating and challenging experience for each student. Each child's progress is tracked to ensure that he or she is meeting his or her potential. At Grow Academy, we recognize that no two children learn in exactly the same way, so our teachers employ a variety of teaching methods to engage every student. Communication and cooperation with parents are key to making the most of a child's education. Consistency at home and at school reinforces the child's learning and helps with retention. Thus, in addition to challenging each child to be his or her best in the classroom, teachers communicate with parents so that the learning can continue at home. We also incorporate programs, such as music lessons, to keep children interested in their daily lessons and expand their knowledge and skills.

Emotional Growth

Building a child's self-esteem at a young age is essential to his or her success later in life. At Grow Academy, we treat every person with dignity, respect, and understanding. It is our philosophy that by following the Golden Rule and treating others as we would like to be treated, we teach the students to respect and appreciate themselves and others. It takes a thousand compliments to make up for a single criticism, so there is no room for unkind words or harsh tones. Rather, we teach children to communicate with adults as well as their peers by using language that informs without causing harm.

Physical Growth

It is imperative to teach a child healthy habits at a young age because it provides the foundation for the rest of his or her life. At Grow Academy, we believe that this requires healthy eating habits and regular exercise. Our students have ample outdoor play time everyday to stretch their legs, run, and play. We also incorporate regular programs, such as yoga, that make physical activity fun and interesting to our students. Our menu features healthy foods to ensure students receive the nutrients they need to fuel their bodies.

PROGRAM GOALS

- To provide a safe environment for the growth and nurture of our students and their families.
- To teach positive values and behaviors.
- To encourage students to think, reason, explore and question.
- To encourage development of language and communication skills.

- To develop social skills of the students.
- To foster a positive self-concept.

CHILD DEVELOPMENT GOALS

- To build self-confidence and a sense of self-worth by allowing choices within limits and by building on successful experiences.
- Provide a warm, caring environment for the students in which to play and work.
- Encourage curiosity and a sense of wonder with emphasis on self-motivation.
- Help students to learn to be able to trust their own feelings about what they learn, hear, see and do.

SOCIAL GROWTH GOALS

- To instill and further a sense of caring for and sensitivity towards others.
- To encourage recognition of group needs versus individual differences.

INTELLECTUAL GROWTH GOALS

- To instill a sense of curiosity.
- To provide a wide variety of activities within a routine where cooperative play is encouraged.
- To offer curriculum areas of art, math, science, cooking, music and movement, practical life, dramatic play, language arts and large muscle and fine motor activities.
- To provide an atmosphere where children discover and explore.
- To teach independence through teaching how and where to find solutions.

PARENT PARTICULARS

Arrival & Departure

Students are not permitted in the building before the scheduled opening time. Parents are asked to park in the parking spaces provided and should not block the driveway in front of the building. Always turn off your engine, place your car in park, and never leave a child unattended.

Students should be signed in when dropping off. Please do not allow any child, regardless of age, to enter the school unaccompanied. All students are to be taken directly to the designated classroom. We recommend that you tell your child that you are leaving and that you will return, and then depart in a resolute and positive manner so that your child sees that you feel good about his being at school. Our staff is very experienced and will do everything they can to distract your child and encourage involvement in the program. For the first several days, your child will be given extra attention during your departure time, encouraging him to trust and bond with his teacher.

Upon enrollment, parents are to list the names of anyone other than themselves having permission to pick up their child. Initially, it may be necessary to ask for some form of identification, preferably one with a picture, from this person until we get to know them. We will not release your child to anyone other than an authorized individual even if we know the person asking to pick up your child. If you wish to make alternative transportation arrangements for your child on any given day, you must call the school or provide written authorization in advance. Grow Academy requests that parents not involve us in custody or visitation disputes in cases of divorce. We cannot keep a parent from picking up his or her child unless we have a restraining order on file at the office. If you or someone that is picking up your child displays behavior that may put the child at risk, Grow Academy reserves the right to contact an alternative pick up person.

Before leaving, be sure to check your child's designated area for his belongings. Look for daily work your child has finished, soiled clothes, and any administrative correspondence from the school. Parents are to sign out their children in the same manner used at arrival time. If a student is picked up after 6:00 PM, there will be a $1.00 per minute late charge.

Personal Effects

We recommend children be dressed in washable, comfortable clothing to accommodate the wide range of activities at school. Sandals and jelly shoes are not suitable; shoes with traction, such as sneakers/tennis shoes are preferred. Paint shirts or smocks are provided for paint and water activities. Please remember that children are

taken outdoors daily (weather permitting) and should be dressed accordingly. Light jackets and caps are appropriate in the spring and fall; heavy jackets, hats, scarves, mittens and even boots are appropriate in the winter.

Water activities, occasional spills, and bathroom activities necessitate that an extra change of clothes be available for your child at all times. Please be sure to include a complete set-that means socks and underwear, too! Parents of potty trainers may want to provide several changes of clothing until training is complete. Remember that all extra clothes are to be replaced with the seasons. If wet or dirty clothes are sent home, please return a clean, labeled extra set the next morning your child attends. We do not provide clothes nor borrow clothes from other children.

All personal items must be labeled with the child's first and last name. Loose items should be kept in a labeled bag (e.g., ziploc or tote). All items should be placed in your child's cubby when dropped off. Parents are responsible for providing diapers and wipes for children who are not potty trained.

Snacks and Lunch

Parents must provide formula or breast milk for children in the nursery. Bottles are to be clearly marked with your child's name. Bottle covers should be labeled as well. Please be certain to inform your child's teacher what formula your child is using and any other pertinent dietary facts.

Information Changes

Parents are to notify the play School of any change in home or work phone numbers and addresses. Please give the Director written notice of the change as soon as possible. Please place this information in the payment box.

Phone Policy

When the staff is not available to answer telephone calls, messages may be left on the school's answering machine. The Director or the Assistant Director will check for messages every 30 minutes.

School Closings

If the school must close due to weather emergencies, parents will be notified as soon as possible via local news station reporting systems.

TUITION AND FEES

Tuition payments must be paid in accordance with the Parent-Provider Agreement signed by the parent. Tuition payments must be made by filling out an ACH form to have payment automatically withdrawn out of your checking account. Payments may be made by check, money order, cash. If any form of payment is denied, Grow Academy reserves the right to require a specific form of payment for future payments. Grow Academy reserves the right to require a guarantor to co-sign for any contract at its discretion.

The operation of the school is dependent on the prompt payment of tuition, fees and other charges. If family circumstances arise that make these payments impossible to make, please contact the director to make special arrangements. Any accounts that are persistently late or are severely overdue risk termination from the school.

No reduction in tuition will be made for absences due to illness, vacation, snow closing, scheduled school holidays or in-service. A blank parent-provider agreement is attached to this handbook as Attachment A. All other payment policies and procedures outlined therein are incorporated into this handbook. A listing of all other fees is also included.

WITHDRAWAL

Withdrawal of your child for any reason requires written notice .Please email the notice to growacademy@comcast.net. Notices must be done in writing to the director. Informing teachers does not terminate the contract. This notice must be provided to the Director one full month prior to the effective date of the withdrawal. Failure to provide a full paid four week notice shall result in forfeiture of deposit.

GROUNDS FOR TERMINATION OF ENROLLMENT

Grow Academy strives to provide an environment in which students will be nurtured and loved. Unfortunately, on occasion, there are situations that arise that hinder the school's ability to achieve this goal and require the termination of a student's enrollment. Grounds for termination of enrollment include, but are not limited to accounts that are persistently late or severely overdue (see "Tuition and Fees," above); disregard of Grow Academy policies and procedures; abusive language; threats of acts of violence; and any act of sexual misconduct.

Unless immediate action is necessary, the Director, within a reasonable time after an alleged violation has occurred, will present the student's parent(s) or guardian(s) with a written warning detailing the conduct that violates the standards of the school. If the behavior or offense continues or immediate action is merited, the Director shall determine whether the circumstances require the termination of enrollment. Notice of termination shall be provided to the parent(s) or guardian(s) in writing. Termination shall be effective immediately. However, if circumstances allow and if the Director determines that it would present no risk to Grow Academy students, families, or staff, the Director shall have discretion to allow a reasonable time for other arrangements for care. In no case shall this time to make other arrangements for care exceed two (2) weeks.

DISASTER EMERGENCY PREPAREDNESS

The Tennessee Department of Human Services requires that we are always prepared for an emergency or disaster. Therefore, in addition to the daily items you bring for your child, the following items should kept at school:

- Children not yet potty trained should maintain a week's supply of diapers.
- Bottle-fed children must provide an extra bottle and enough formula for three (3) days.

HEALTH PRACTICES

Medical Records

The Tennessee Department of Human Services requires a medical history and an immunization record (or religious or medical exemption, if applicable) for every child in a licensed facility. Students under thirty (30) months must provide a physical exam form that certifies that they were seen by a doctor within the three (3) months prior to enrollment. All health forms are required before the first day of your child's attendance. In addition, Grow Academy requires all children have their immunizations current prior to admission to the program and that immunizations be up-to-date at all times.

Illness

Children are not to attend school if they have severe colds, undetermined rash or spots, fever, severe headache, upset stomach, diarrhea, or discharge of the eyes or ears. Parents should exercise caution and keep their child home should other unusual symptoms occur. Grow Academy reserves the right to request a written doctor's report when a question of a contagious disease exists. No provisions can be made far a parent requesting a child's restraint from outside play. Parents are notified to pick up children immediately if signs of illness occur during the day. Please use the following guide to determine when your child may return to school.

Chicken Pox	7 days after onset of rash or until all lesions have crusted over
Conjunctivitis (Pink Eye)	When child has been under treatment for 24 hours
Impetigo	48 hours after beginning therapy
Measles	4 days after onset of rash
Mumps	9 days after swelling is gone
Strep	24 hours after starting antibiotics
Fever	24hours free of fever without medication
Diarrhea	24 hours free of diarrhea without medication
Vomiting	24 hours free of vomiting without medication

Toilet Training

Different children gain bladder and bowel control at different ages, just as they begin to walk and talk over a wide range of time. Waiting until your child is interested and ready is the real key to a smooth mastery of toileting. When you feel it is time to encourage your child to be toilet trained it is important to be relaxed about it.

We will work with parents to be consistent and use the same, or similar, methods which prove most effective for your child. However, if a child does not respond to the teacher's efforts and repeatedly refuses to cooperate, we will not require that the child use the toilet. If a struggle develops, we may suggest delaying the training for a few weeks and together try to determine a more opportune time.

When training is in progress, be sure to send several changes of clothing (include socks and shoes, too) for those accidents which will occur. For boys especially, dress in clothing that is easy for him to manipulate. Avoid belts, buckles and layers of things to get through. Such clothing often causes the child needless frustration and panic.

At three years of age most children are normally dry during the day, although at this age it is common for children to have accidents. We expect that most children will be trained before entering the three year old class.

Medicines

Occasionally your child may require medicine during the course of the school day. Grow Academy will make every effort to accommodate you and your child in this regard. However, because of the wide variety of medicines and methods of administration of those medicines, Grow Academy reserves the right to refuse administration of some medicines.

Please personally hand deliver both prescription and non-prescription medicines to the Director or Assistant Director at the time of your child's arrival each day. You should provide specific instructions on the storage of such medicine and complete a medication administration form each day the medicine is to be administered. A completed form will provide permission for the staff to administer the medicine and specifically instruct staff as to the proper dosage and method of administration. Please ensure that your child's medicine is clearly labeled with his/her name. No medicine, including over-the counter medicine, will be administered without the completion of this form. It is your responsibility to ensure that your child's medicine leaves with them at the end of the school day.

Accident & Incident Reports

Safety is a top priority at Grow Academy. Still, there are times when a child will have an accident, or an incident will occur between your child and another child that is out of the ordinary. Your child's teacher will complete a report for you detailing what happened and the nature of the injuries. If any first aid is administered, the treatment will be described to you. A copy of this accident report, signed by the teacher in charge at the time of the accident, will be provided to you. A copy will be filed within the Director's office.

Medical Emergencies

In the event of a medical emergency or serious accident, we will immediately contact the parents. If it is impossible to reach either parent and should emergency treatment be required, the child will be taken to the hospital preference noted in your child's files, or to the nearest hospital if conditions dictate. Your authorization to contact your family physician and to take whatever emergency medical measures are necessary is part of the emergency release form.

Rest Periods

Each child in the Infant Room has his own crib. The School provides clean crib sheets daily. If you would like to bring some special crib blanket for your child's bed, we will be certain that it stays in the bed. Since all the other children at the school are regularly engaged in stimulating activity, we require that everyone rest on mats after lunch. Each child's rest needs differ and we try to offer alternative ways of resting such as providing soft music, stories, etc., for those who choose not to sleep. All children are generally provided a two-hour rest time.

If your child has a favorite sleeping toy, it is welcome at school. After your child has become adjusted, we will suggest that favorite toys are put away until rest time to assure that something so special is kept safe. On Fridays, or your child's last day of the week at school, parents should take the nap mats home for laundering. Please be sure to return them on Monday morning or your child's first day of the week at school.

DAILY ACTIVITIES

Each classroom will have an activity schedule posted for your information. The children are provided with activities throughout the day that are appropriate for each age group. We will alternate between quiet and loud play, which is intended to promote the social growth of each child.

Items from Home

Grow Academy has a wide variety of toys, games, and other resources to offer children during their time here. We encourage parents to initiate a home rule of no toys at school except for "Show-And-Tell" days. Items pertaining to our weekly units and labeled books are always welcome. Please do not allow children to bring toy guns, war toys, other toys of violence or destruction, or money. In consideration of other children, health and safety issues, and classroom and building maintenance, please do not allow children to bring or chew gum in school.

Parents are welcome to send cookies, cupcakes or cakes to share with their child's friends on birthdays or special occasions. Please let your child's teacher know in advance that you will bring a treat. On major holidays, each class will have a special party. Parents may be requested to bring treats. Sign-up sheets will be posted outside each classroom. Your decision to participate is voluntary.

Parent Visits

Teachers welcome opportunities to confer with parents from time to time regarding their children. Fall and spring conferences will be scheduled. However, we encourage you to ask your child's teacher for an additional conference if you feel it would be helpful.

Parents are invited to visit the classrooms at any time. We ask that parents refrain from doing so during the first three weeks of school. This is a period of adjustment for the child, especially if it is his first experience away from home. The presence of the parent at this time is sometimes confusing and upsetting to the child. Please wait until after these weeks to make your visits. Most importantly, keep open the lines of communication with your child's teacher. If unusual circumstances arise at home, please let us know. We can be a much stronger resource for your child if we know something of his situation.

DISCIPLINE

All students are to cooperate with the school staff. Teachers at Grow Academy are trained in using positive reinforcement as a means of discipline. In addition, we attempt to redirect the child's actions. If a problem arises, the parents are notified for assistance and a possible conference with the child's teacher and the Director. Our goal is to find solutions and to provide the very best environment for your child. If we cannot achieve a mutually agreeable solution, the child will be asked to leave the school.

CHILD ABUSE DETECTION & REPORTING

The State of Tennessee requires that Grow Academy and all staff be on the lookout for and report to the State and appropriate authorities, any reasonable suspicions of abuse to a child.

NONDISCRIMINATION POLICY

Grow Academy admits students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. Grow Academy does not discriminate on the basis of race, color, national origin, and ethnic origin in administration of its educational policies, scholarship and loan programs, and athletic and other school-administered programs.

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ADDENDUM TO ENROLLMENT FORM FOR CHILD CARE

Grow Academy / Rosalie Jordan

Name of Child Care Facility / Director Name

Instructions: This Addendum may be used to meet the enrollment data requirements of the Child and Adult Care Food Program as mandated by the Interim Rule issued on September 1, 2004, by the U.S. Department of Agriculture. The Addendum will be valid for one calendar year from the date of the parent or guardian's signature.

Participant Name: _____ _____

Last First Middle Initial Date of Birth

Enrollment Date: _____ **Special Needs Child** ☐

Normal Days of Care (Circle as Appropriate)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Normal Hours of Care during School Year: 7:00AM to 6:00PM

_____ to _____

Normal Hours of Care during Summer: _____ to _____

_____ to _____

Participant Meals (Circle as Appropriate):

Breakfast AM Supplement Lunch

PM Supplement Supper Evening Supplement

Parent/Guardian Name: _____

Last First Middle Initial

Parent/Guardian Daytime Telephone Number (with Area Code): _____

_____ _____

Signature of Parent/Guardian **Date of Signature**

CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for

Child's First Name	MI	Child's Last Name	Foster Chi	Migrant	Runaway	Homeles	Head Sta
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐

Check all that apply

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

IF NO > Go to STEP 3 **IF YES >** Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER:

Write only one case number in this space.

STEP 3 Total Household Gross Income (List only household members with income)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

The **"Sources of Income for Children"** chart will help you with the Child Income section.

The **"Sources of Income for Adults"** chart will help you with All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income $ ____ How often? ○ Weekly ○ Bi-Weekl ○ Monthly ○ 2x Month

B. All Adult Household Members (Including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that

Name of Adult Household Members (First and last)	Earnings from Work	How often?	Welfare/Child Support/Alimony	How often?	Pensions/ Retirement/ Social Security/SSI? VA Benefits	How often?
	$	○ Weekly ○ Bi-Weekl ○ Monthly ○ 2x Month	$	○ Weekly ○ Bi-Weekl ○ Monthly ○ 2x Month	$	○ Weekly ○ Bi-Weekl ○ Monthly ○ 2x Month
	$	○ Weekly ○ Bi-Weekl ○ Monthly ○ 2x Month	$	○ Weekly ○ Bi-Weekl ○ Monthly ○ 2x Month	$	○ Weekly ○ Bi-Weekl ○ Monthly ○ 2x Month
	$	○ Weekly ○ Bi-Weekl ○ Monthly ○ 2x Month	$	○ Weekly ○ Bi-Weekl ○ Monthly ○ 2x Month	$	○ Weekly ○ Bi-Weekl ○ Monthly ○ 2x Month
	$	○ Weekly ○ Bi-Weekl ○ Monthly ○ 2x Month	$	○ Weekly ○ Bi-Weekl ○ Monthly ○ 2x Month	$	○ Weekly ○ Bi-Weekl ○ Monthly ○ 2x Month
	$	○ Weekly ○ Bi-Weekl ○ Monthly ○ 2x Month	$	○ Weekly ○ Bi-Weekl ○ Monthly ○ 2x Month	$	○ Weekly ○ Bi-Weekl ○ Monthly ○ 2x Month

Total Household Members (Children and ____

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member: X X X ____ X X ____

Check if on SS ☐

STEP 4 Contact information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL AT:

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits,

Print Name of Adult Signing the Form ____ Signature of Adult ____ Today's Date ____

Address ____ City ____ State ____ Zip ____ Phone/Email ____

Source of Income for Children	
Sources of Child Income	**Examples**
Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivors Benefits	- A child is blind or disabled and receives Social Security benefits - A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	- A friend or extended family member reguarly gives a child spending money
Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults		
Earnings from Work	**Public Assistance/Alimony/ Child Support**	**Pensions/Retirement/ All other sources of income**
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) **If you are in the U.S. Military:** - Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) - Allowances for off-base housing, food, and clothing	- Unemployment benefits - Workers compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veterans benefits - Strike benefits	- Social Security (including railroadretirement and black lung benefits) - Private Pensions or disability benefits - Income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments fromoutside household

OPTIONAL — Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW

FAX: (202) 690-7442; or
EMAIL: program.intake@usda.gov.

This institution is an equal opportunity provider.

***Only use this address if you are filing a complaint of discrimination.**

DO NOT FILL OUT — For official use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income _____

How often? Weekly ○ | Bi-Weekl ○ | Monthly ○ | 2x Month ○

Household size _____

Categorial Eligibility ☐

Eligibility: Free ○ | Reduced ○ | Denied ○

_____ Determining Official's Signature

_____ Date

_____ Confirming Official's Signature

_____ Date

_____ Follow-up Official's Signature

_____ Date