



**Transportation Plan:**

Please list any other adults to whom your child may be released or are authorized to provide transportation. \_\_\_\_\_

Will the child be transported by the agency?  No

**Emergency Contact Information:**

1. Name of person, other than the child care provider, authorized to act for parent in an emergency.

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City State Zip

Place & Address of Employment/School: \_\_\_\_\_  
City State Zip

Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Alternate Phone Numbers (cell): \_\_\_\_\_

2. Name of person, other than the child care provider, authorized to act for parent in an emergency.

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City State Zip

Place & Address of Employment/School: \_\_\_\_\_  
City State Zip

Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Alternate Phone Numbers (cell): \_\_\_\_\_

3. Name of person, other than the child care provider, authorized to act for parent in an emergency.

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City State Zip

Place & Address of Employment/School: \_\_\_\_\_  
City State Zip

Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Alternate Phone Numbers (cell): \_\_\_\_\_

**Physician Contact Information:**

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

**Background Information:**

Other Children in the Family	Date of Birth	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Experiences with Others:**

What are some of the ways the child plays at home? \_\_\_\_\_

Does he/she play with children from other families? \_\_\_\_\_ How? \_\_\_\_\_

Does he/she react when he/she does not get his/her own way? \_\_\_\_\_

Is the entire family together for any time during the day? \_\_\_\_\_

**Eating Habits:**

At what time does the child eat breakfast? \_\_\_\_\_ Lunch? \_\_\_\_\_ Dinner? \_\_\_\_\_

Between-meal Snacks? \_\_\_\_\_ Does the child feed himself/herself? \_\_\_\_\_

What is the child's general attitude toward eating? \_\_\_\_\_

If the child refuses to eat, how is this handled and by whom? \_\_\_\_\_

Food Favorites: \_\_\_\_\_

Food Dislikes: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

If the child is an infant, use a separate sheet for information about the formula, bottle schedule, etc.

**Sleep Habits:**

Has own room: \_\_\_\_\_ Shares room with:  Other Children  Parents

At night sleeps from \_\_\_\_\_ to \_\_\_\_\_ Average Hours of Sleep Per Night: \_\_\_\_\_

Naps from \_\_\_\_\_ to \_\_\_\_\_ Average Hours of Naps: \_\_\_\_\_

Attitude toward going to bed: \_\_\_\_\_

If there is difficulty, how is this handled? \_\_\_\_\_

Habits associated with going to bed? \_\_\_\_\_

Is bed wetting an issue? \_\_\_\_\_ At nap time? \_\_\_\_\_ At night? \_\_\_\_\_

If yes, how is the situation handled? \_\_\_\_\_

**Toilet Habits:**

Time at which child is taken to the bathroom? \_\_\_\_\_

Can the child take themselves? \_\_\_\_\_ Time of bowel movement? \_\_\_\_\_ Regular? \_\_\_\_\_

Constipated? \_\_\_\_\_ Does the child tell you when he/she needs to go and does he/she go willingly? \_\_\_\_\_

Can he/she manage his/her clothes at the toilet? \_\_\_\_\_ What words does he/she use for:

Urinating: \_\_\_\_\_ BM: \_\_\_\_\_

**Speech and physical Growth:**

The child talks:  Well  Fairly Well  Not Very Well  Not at All

Does anyone read to the child? \_\_\_\_\_ How regularly? \_\_\_\_\_ At what age did the child creep? \_\_\_\_\_

Crawl? \_\_\_\_\_ Walk? \_\_\_\_\_ Which of the following words would you use to describe the child (check all that apply):

active  quiet  thin  average weight  heavy  tall  average height  short  friendly  unfriendly

Is there any other information you think we should have about the child? \_\_\_\_\_

**Ongoing Medical Care:**

Does the child have any medical diagnosis that requires ongoing care? \_\_\_\_\_

If yes, explain what type of care is administered at home and by whom? \_\_\_\_\_

Are you requesting that this care be provided at the facility?  Yes  No If yes, describe the care required: \_\_\_\_\_

(Request a doctor's statement for any specified requests for care at the facility).

**Parent Declarations:**

I have read the DHS summary of the licensing requirements available on the website [www.venschool.com](http://www.venschool.com).

I do hereby authorize emergency medical care for my child.

I visited the facility prior to enrolling my child. Pre-enrollment Visit Date: \_\_\_\_\_

I read a copy of the child care facility's policy statement or handbook, and payment contract, and I have signed their copy, verifying by receipt my understanding and agreement of their content.

Signature of Parent(s)/Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_

# DHS CHILD'S HEALTH HISTORY CHECKLIST

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**Childs name**

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**Date of Birth**

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**Parent/Guardian's Name**

The answer to the questions will help us to know if your child has any medical problems. We need this information in case he/she should become ill and we would be unable to reach you right away.

**Please circle** the right answer. If we have questions we will contact you.

## Pregnancy and Birth

Y N Were there any problems with pregnancy or your child's birth? Please explain

Y N Did the baby have any problems in the hospital? If Yes please explain:

Y N Was his/her birth weight under 5 1/2 pounds?

## Medical Problems

Y N Has your child ever been in the hospital overnight?

Y N Is your child taking any medicine?

Y N Any allergies or reactions to medicine, DTP or other shots, or insects?

Y N Has your child had asthma or wheezing?

Y N Does your child have speech or hearing problem?

Y N Has your child had more than two ear infections in one year?

Y N Does your child have tubes in his/her ears?

Y N Has your child had tonsillitis?

Y N Does your child have trouble with his/her eyes or seeing?

Y N Has your child had a bladder or kidney infection?

Y N Does he/she have burning when urinating?

Y N Does he/she have seizures, fits or shaking spells?

Y N Have you ever been told your child has a heart murmur?

Y N Is your child on a heart monitor?

Y N Is your child able to play as hard as other children?

Y N Has your child ever had a bumpy, swollen reaction to the TB skin test?

Y N Has your child ever been with anyone having TB?

Y N Does or has your child ever had worms?

Y N Does your child scratch their genital area? Is their bottom or genitals sore?

Y N Is your child a Hemophiliac (free bleeder)?

## General Development

Y N Does your child get along with other children?

Y N Is your child usually happy?

Y N When did your child last see a doctor? M \_\_\_\_\_ / Yr \_\_\_\_\_

Y N Does your child have any special problems not indicated above? If yes please explain:



## PARENT/CARETAKER ACKNOWLEDGEMENT AND CONSENT TO THE OVERAGE FEES

I, \_\_\_\_\_ want to enroll my child/children at  
Vollintine Evergreen Neighborhood School.

I understand this childcare provider's rates are higher than the rate the State of Tennessee  
pays for a child in the Child Care Certificate Program.

I understand that this difference will not be paid by the State of Tennessee and that if I enroll  
my child at VENS Playschool, I will be responsible for any difference. This difference is  
called an overage fee. There will be an overage fee for each child that is enrolled.  
This agreement is between VENS Playschool and me.

I understand all of the above and I still wish to enroll my child/children.  
The following child/children will be attending VENS Playschool

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

By signing below, I hereby acknowledge that I have completely read and fully understand  
that I will be expected to pay this overage fee.

---

Parent/Guardian

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Date

I know that if I have a co-pay fee with the Department of Human Services, the co-pay fee  
must be paid to remain eligible for the Child Care Certificate Program. If I do have a co-pay  
fee, this must be paid in addition to the Overage Fee charged by this childcare provider.  
I understand I will be given a copy of this form.



## Student Media Consent and Release

Throughout the school year, students may be highlighted in efforts to promote VENS activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our schools through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media.

I, as the parent or guardian of \_\_\_\_\_, hereby give VENS and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

**a.** This is with the understanding that neither VENS nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.

**b.** I further release and relieve VENS, its Board of Trustees, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

Please understand that failure to return this release form within ten (10) school days from the date of distribution will constitute approval of the above requests.

Please Print Name of child \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

I DO NOT GIVE MEDIA CONSENT



**STATE OF TENNESSEE  
DEPARTMENT OF HUMAN SERVICES**

CITIZENS PLAZA BUILDING  
400 DEADERICK STREET  
NASHVILLE, TENNESSEE 37243-1403

TELEPHONE: 615-313-4700 FAX: 615-532-9956  
TTY: 1-800-270-1349  
[www.tn.gov/humanserv/](http://www.tn.gov/humanserv/)

**BILL HASLAM**  
GOVERNOR

**Danielle Barnes**  
COMMISSIONER

**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 and September.

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

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**Childs Name**

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Signature of Parent or Legal Guardian

Date

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Signature of Child Care Agency Representative

Date





# 2024– 2025 Monthly Tuition Rates

## School Day 7:30 am – 2:30 pm

	Infants	Toddler 1	Toddler 2	Pre K 3	JK 4
<b>3 Days</b>	\$680	\$670	\$660	\$650	\$640
<b>4 Days</b>	\$775	\$765	\$755	\$745	\$735
<b>5 Days</b>	\$860	\$850	\$840	\$830	\$820

## Extended Day 2:30 pm – 5:30 pm

1 Day	2 Days	3 Days	4 Days	5 Days
\$110	\$150	\$185	\$220	\$260

## Additional Fees

### Registration and Supply Fees

Registration    \$160    Supply Fee    \$200

#### ***Each Additional Child-***

Registration    \$125    Supply Fee    \$200

### Sibling Monthly Discount

1<sup>st</sup> Sibling - \$50  
2<sup>nd</sup> and all others -\$25

### Additional Fees \*Per Child

Wait List Fee *non-refundable*    \$50  
This will be applied to your registration at enrollment.

Late Tuition Fee (*after the 10<sup>th</sup>*)    \$35

Return Check Fee    \$35

Late Pick Up Fee    \$25

#### **\*PLEASE NOTE\***

Your Child is not considered “enrolled” until the registration and Supply Fee has been received. This can only be refunded 30 days before enrollment date.

\* A thirty-day notice is required to withdraw your child from the program.  
Please refer to parent handbook.



## Child and Family Service Opportunities

Dear Parent/Guardian:

Vollintine Evergreen Neighborhood School is a partner in NEXT Memphis (NM), an initiative of Porter-Leath. As a partner, we have an opportunity to provide additional high-quality education and health services at no additional cost to you. Services provided through the partnership with NEXT Memphis include family support, education services, and health screenings.

### Education Services

The Education Team works with childcare providers and teachers using education enrichment, coaching, and assessment. Through education support services, we promote and support your child's academic success and achievement so that every child is ready for kindergarten success!

### Wraparound Services

The Family Liaison Team offers support and resources for families to assist in navigating everyday life. Through goal-setting and support referrals, the family liaison walks alongside families as they strive for healthy, independent, and optimal lifestyles.

- Family and Child demographic and contact information
- Attendance
- Age-Appropriate Education Screenings and Assessments

*Please take advantage of this exciting opportunity  
by completing the attached form!*

## A Message from NEXT Memphis about how your information will be used:

*Thank you for the opportunity to partner with you and your child. We consider it an honor to work alongside Vollintine Evergreen Neighborhood School to provide early childhood services. Shared below is the methodology we will use when working with the information provided to us.*

NEXT Memphis aligns with the Family Education Records and Privacy Act (FERPA) to ensure information is collected and stored in a secure environment. FERPA protects students and parents by prohibiting most third parties from accessing child records, information, or information without clear permission from a parent or legal guardian if the child is under 18 years of age.

Additionally, we comply with the rules and regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). NEXT Memphis is committed to keeping all PHI (Protected Health Information) that you entrust to us private and secure.

All information will be used to promote and support child/family success and achievement, and to enhance the services provided by NEXT Memphis and Vollintine Evergreen Neighborhood School. Through frequent reports, information will be shared with your provider to keep them informed of your child, family growth, and achievements.

As the parent and/or guardian, you have the right to obtain copies of any information about your family or child by contacting NEXT Memphis or Vollintine Evergreen Neighborhood School.

In support of service outcomes, NEXT Memphis reserves the right to share child and family level education and family liaison information with funding partners (including, but not limited to, Seeding Success and First 8 Memphis). Partnering organizations do not share any identifiable information at any time and are granted access to information for program monitoring and technical assistance purposes. Beyond the immediate services of NEXT Memphis and its partners, no identifiable information will ever be shared.

Thank you!



UPLIFT THE COMMUNITY



STRENGTHEN BUSINESSES



ENHANCE QUALITY



## Informed Consent for Services and Release of Information

As a NEXT Memphis partner, we have an opportunity to provide additional high-quality education and health services at no additional cost to you.

Parents and/or guardians have the right to revoke consent and authorization of services at any time by providing a dated written statement to NEXT Memphis and Vollintine Evergreen Neighborhood School. As the parent and/or guardian, you have the right to obtain copies of any information about your family or child by contacting NEXT Memphis or Vollintine Evergreen Neighborhood School. The following consent(s) are valid for one calendar year from the date of signature.

Please initial in the box next to your choice for each level of consent below:

### Wraparound Services

I have read the above and *give permission* to NEXT Memphis and Vollintine Evergreen Neighborhood School Wraparound Services team to conduct services and collect information.

I decline Wraparound Services

### Education Services

I have read the above and *give permission* to NEXT Memphis and Vollintine Evergreen Neighborhood School Education team to conduct services and collect information.

I decline Education support

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_



(Print) Last Name, First Name, MI

MM/DD/YYYY

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Consent Date: \_\_\_\_\_

[Complete one for each child enrolled.]