



REGISTRATION RENEWAL

Short Form (Returning Child Only)



Start Date: _____
 Media Consent: Yes No

Child Name: _____ **Child's DOB:** _____
Last First Nickname

Address _____ City _____ State _____ Zip _____

Parent 1/Guardian _____ Phone (____) _____
 E-mail _____ Work (____) _____

Parent 2/Guardian _____ Phone (____) _____
 E-mail _____ Work (____) _____

Which parent would you like us to contact first? _____

ALLERGIES _____

MEDICAL CONDITIONS _____

Physician _____ Address _____ Phone _____

By signing below, I hereby give VENS Playschool permission to authorize treatment and transportation for my child with the appropriate medical personnel In the event I cannot be reached in an emergency.

Signature _____ Date _____

Start Date: _____

Desired Schedule:

Please mark desired schedule

7:30 – 2:30p	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
7:30 – 5:30p	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday



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

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/

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.

Childs Name

Signature of Parent or Legal Guardian Date

Signature of Child Care Agency Representative Date

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.]

School Day 7:30 am – 2:30 pm

	Infants	Toddler 1	Toddler 2	Pre K 3	JK 4
3 Days	\$680	\$670	\$660	\$650	\$640
4 Days	\$775	\$765	\$755	\$745	\$735
5 Days	\$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

1st Sibling - \$50
2nd 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 10th*) \$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.



PLAYSCHOOL 2024-25 CALENDAR



August 2024						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

July 29-Aug 2 **Students Out**
Teachers IN: Professional Development
 Aug 5 Back to School

September 2024						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Sept 2 Labor Day

October 2024						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Oct 14 Columbus Day **Student Out**
Teachers In: Professional Development

November 2024						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Nov 11 Veterans Day
 Nov 27-29 Thanksgiving Break

December 2024						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Dec 23-27 Winter Break

January 2025						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Jan 1 New Year's Day
 Jan 20 MLK Jr Day

February 2025						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

Feb 17 Presidents Day **Student Out**
Teachers IN: Professional Development

March 2025						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

March 19-21 Spring Break

April 2025						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

April 18 Good Friday

May 2025						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

May 26 Memorial Day
 May 26-30 School Break

June 2025						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

June 19 Juneteenth

July 2025						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

July 4 Independence Day
 July 28-Aug 1 **Students Out**
Teachers IN: Professional Development