



Jacob's Ladder Cooperative Christian  
Preschool  
7316 Nolensville Road  
Nolensville, TN 37135  
615-776-7362  
Student Application 2018-2019

Jacob's Ladder is a non-profit Christian preschool serving children ages 3-5. We have three different age level classes. Students are assigned to classes based on a distribution by birthday, ratio of males to females, and consideration of previous pre-school experience.

**Pre-K 3 (\$200 a month)** Class meets Tuesday, Wednesday, and Thursday mornings from 9:00-11:59am. Children in this class must turn 3 years old by August 30, 2018 and **must be toilet trained.**

**Pre-K 4 (\$215 a month)** Class meets Monday, Tuesday, Wednesday, and Thursday mornings from 9:00-11:59am. Children in this class must turn 4 by August 30, 2018.

**Pre-K 4/5 (\$215 a month)** Class meets Monday, Tuesday, Wednesday, and Thursday mornings from 9:00-11:59am. Children in this class must turn 5 by August 30, 2018. It is also recommended for children who are already 5, but would benefit from another year in a Christian pre-school environment.

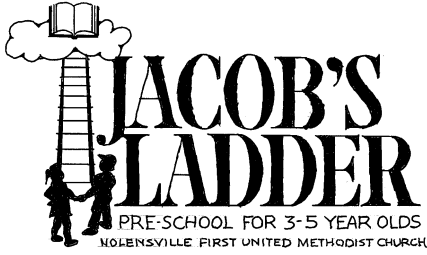
**A \$50.00 Supply Fee per semester applies to all students.**

All classes use some materials published by **A Beka Books**, and **Handwriting Without Tears**. In addition to these curricula, we introduce number concepts, fine and gross motor control, art, and science through "hands-on" activities which encourage the development of kindergarten readiness skills.

Jacob's Ladder is a **cooperative program**. Each family is expected to provide an adult helper at the school two times during the year. This not only helps keep our costs affordable but also allows parents to be an active part of their child's preschool experience.

**The total cost of the year is divided into nine equal payments, with the September payment being due at the time of confirmation of admission. There is a non-refundable registration/activity fee of \$100 which must be submitted along with the application. The \$50 supply fee is due August 10 and January 15.** There may be a limited number of partial scholarship grants which are dependent on proof of need and availability of funds.

Please feel free to contact the Director at (615) 776-7362 or [jacobsladder@nolensvilleumc.org](mailto:jacobsladder@nolensvilleumc.org) if you have questions.



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Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
first last

Parent 1 Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_

Marital Status \_\_\_\_\_ Person with Legal Custody \_\_\_\_\_

Student Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

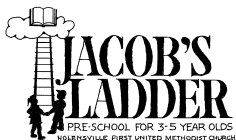
Previous preschool or daycare experience \_\_\_\_\_  
\_\_\_\_\_

Why have you chosen to send your child to preschool? \_\_\_\_\_  
\_\_\_\_\_

Describe any concerns you have about your child \_\_\_\_\_  
\_\_\_\_\_

Give any further information we should know about your child \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For office use only: date received: _____ ck#: _____ class: _____
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**Emergency Medical:**

In the event that my child, \_\_\_\_\_ , becomes ill or sustains an injury while attending Jacob's Ladder Cooperative Christian Preschool at Nolensville First United Methodist Church in Nolensville, Tennessee, and I cannot be reached, I, the undersigned, give my permission to those in charge to take whatever steps are necessary to administer first-aid. I also give consent for the school to contact the physician listed below or to have my child transported to the hospital for examination, diagnosis, and treatment of medical or dental emergencies by a licensed physician and/or surgeon.

I understand that this consent will apply to all emergency situations, present and future, and that a copy of this form is valid as the original. This consent is to remain in effect until written revocation is made or until my child withdraws from Jacob's Ladder Preschool.

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Telephone Number Alternate Number

Birth date of child: \_\_\_\_\_

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

Medications: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preferred \_\_\_\_\_

Insurance Provider \_\_\_\_\_

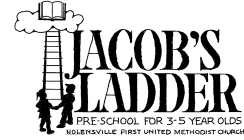
Group Number \_\_\_\_\_ Certificate Number \_\_\_\_\_

Emergency names and phone numbers in the event a parent cannot be reached:

Name \_\_\_\_\_ Number: \_\_\_\_\_

Name \_\_\_\_\_ Number: \_\_\_\_\_

Permission Forms



**Student Directory**

**We provide a student directory for each family. Please complete the following as well as give permission for the information to be in the directory. Please print.**

Student's Name \_\_\_\_\_

Parent's Names \_\_\_\_\_

Siblings \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Our family information may appear in the Jacob's Ladder Student Directory.

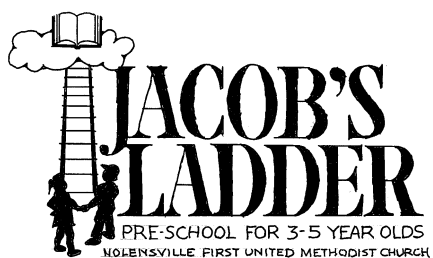
Signature: \_\_\_\_\_ Date \_\_\_\_\_

**NFUMC Web Page and Local Newspaper**

We would like to have candid photos of preschool activities on the preschool web page or local newspaper for families to see. **We will not identify any child by name.**

**My child, \_\_\_\_\_, may appear on the Jacob's Ladder web page ([www.nolensvilleumc.org/JacobsLadder](http://www.nolensvilleumc.org/JacobsLadder)) or in a local print or electronic newspaper.**

Signature: \_\_\_\_\_ Date \_\_\_\_\_



### Permission to Transport/Pick up

The following people, in addition to the custodial parents, have permission to pick up

\_\_\_\_\_ from Jacob's Ladder:  
Student name

Name: \_\_\_\_\_ Phone \_\_\_\_\_

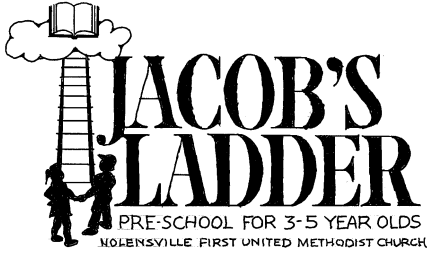
Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Signature

\_\_\_\_\_ Date



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### **Tuition and Volunteer Policy**

I understand that Jacob's Ladder is a cooperative preschool and that parents are expected to work as a volunteer teacher's aide two (2) times a year per child enrolled in the program. If I am unable to provide an adult volunteer for my days, I will be charged a total of \$70.00 for the year or \$35.00 per day I do not volunteer.

There are nine (9) equal tuition payments for the year. The first tuition payment (September tuition) is due when confirmation of enrollment is received. The supply fees of \$50.00 are due August 10 and January 11.

Beginning in October, tuition is due on the 1<sup>st</sup> of each month. A late fee of \$10.00 will be charged for payments received after the 5<sup>th</sup> of the month.

Students withdrawn by June 1, 2018, will receive a full refund of September tuition.

Students withdrawn by June 15, 2018, will receive 50% refund of September tuition.

There will be no refund after June 15, 2018.

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Student Name

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Parent Signature

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Date