



Jacob's Ladder Cooperative Christian
Preschool
7316 Nolensville Road
Nolensville, TN 37135
615-776-7362
Student Application 2020-2021

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 (\$215 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 31, 2020 and **must be toilet trained.**

Pre-K 4 (\$230 a month) Class meets Monday, Tuesday, Wednesday, and Thursday mornings from 9:00-11:59am. Children in this class must turn 4 by August 31, 2020.

Pre-K 4/5 (\$230 a month) Class meets Monday, Tuesday, Wednesday, and Thursday mornings from 9:00-11:59am. Children in this class must turn 5 by August 31, 2020. It is also recommended for children who are already 5, but would benefit from another year in a Christian pre-school environment.

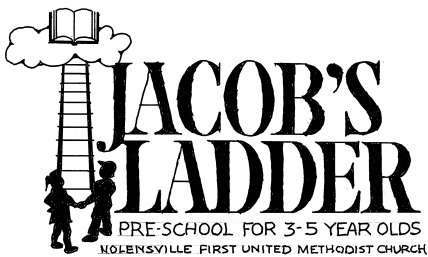
A \$50.00 Supply Fee per semester applies to all students.

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 7 and January 7. 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 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 _____

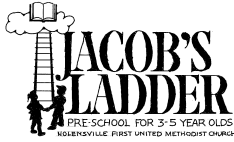
Previous preschool or daycare experience _____

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: _____



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 _____

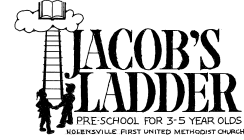
Group Number _____ Certificate Number _____

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 _____

Parents' Names _____

Siblings _____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

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

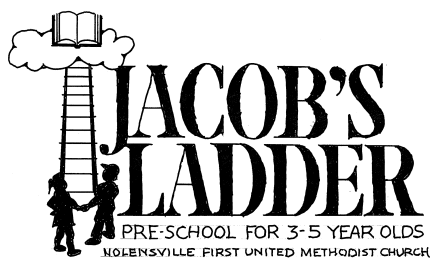
Signature: _____ Date _____

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) 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 7 and January 7.

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

Students withdrawn by June 1, 2020, will receive a full refund of September tuition.

Students withdrawn by June 15, 2020, will receive 50% refund of September tuition.

There will be no refund after June 15, 2020.

Student Name

Parent Signature

Date