

Current families, if your banking information is the same, you do not have to submit a new form. Only one form per family is required. Thank you.

Automated Payment Processing

Safe, Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express® – a payment processing system that allows secure, on-time tuition and fee payments to be made from either your checking or savings account.

Child/Children Names attending Judson Weekday

Your Name

Phone #

Address

City

State

Zip

Bank or Credit Union Name

Bank or Credit Union Address

City

State

Zip

Routing Transit Number (see sample below)

Account Number (see sample below)

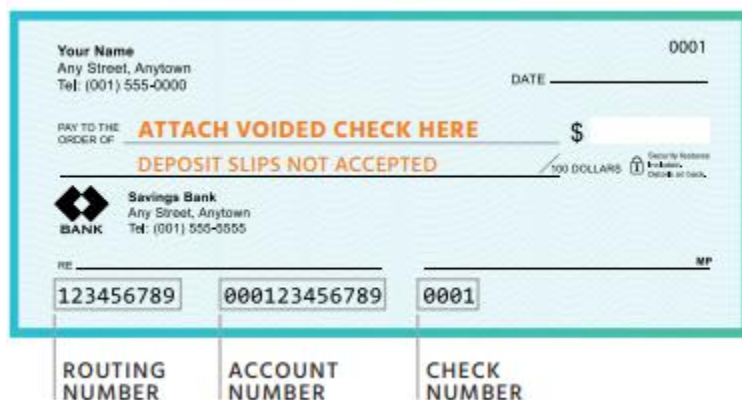
☐ Checking ☐ Savings

I (we) authorize Judson Weekday to initiate debit entries to my (our) checking or savings account.

Authorized Signature

Date

Remember your voided check



The image shows a sample voided check from "Savings Bank". The check is light blue with a green border. It includes the following information:

- Your Name:** Any Street, Anytown, Tel: (001) 555-0000
- DATE:** 0001
- PAY TO THE ORDER OF:** ATTACH VOIDED CHECK HERE
- DEPOSIT SLIPS NOT ACCEPTED**
- Amount:** \$ 100 DOLLARS
- Security Features:** Security Features, Includes, Details on back.
- BANK:** Savings Bank, Any Street, Anytown, Tel: (001) 555-3555
- RE:** 123456789
- ACCOUNT NUMBER:** 000123456789
- CHECK NUMBER:** 0001

State of Tennessee Immunization

Judson Weekday

DHS Licensing requires that Judson Weekday has an updated TN Certificate of Immunization on file for each child. Certificates are available from the TN Health Department or a health care provider licensed in the state of Tennessee.

Forms may be faxed directly from your doctor's office.

Fax number: 615-833-3241 – Attention: Judson Weekday

All sections of the Immunization Form must be completed by Health Department or medical provider.

Please return fully completed form no later than May 7, 2026.





Tennessee Department of Human Services
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.

Print your child's name: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Signature of Agency Representative: Kirsten Stevens Date: 8/1/2026

Student Verification Form

Judson Weekday

Weekday Parents,

In order to comply with our licensing regulations, we must have verification in your child's records of the items listed below:

1. A parent or guardian has performed an on-site tour to view our facility, review our policies and practices, and ask questions prior to enrollment.
2. A parent or guardian has read a copy of Judson Weekday "Parent Handbook Policies and Procedures" and agrees to follow them. Policies and Procedure may be viewed on our website: www.judsonweekday.com
3. I will pay tuition as stipulated in school policies. All tuition will be withdrawn monthly through our Procure Tuition Express ACH Billing.
4. I understand that all Judson Weekday tuition and fees are non-refundable which includes a one month tuition Security Deposit due Monday, March 5, 2026.
5. I understand I must provide one month written notification for withdrawal from Judson Weekday for any reason.
6. I understand that the Parent's Day Out Program at Judson Weekday is not licensed and is not required to be licensed by the State of Tennessee Department of Human Services. Parent's Day Out programs (PDOs) have been exempt from the licensure law and regulations since 1976. The law TA71-3-503 states that children enrolled in PDO (ages 12 months – 35 months) may not attend more than two (2) days in a calendar week.
7. A parent or guardian has viewed a Summary of Licensing Requirements for Child Care Centers. Childcare Licensing Summary may be viewed on our website.

Child's Name: _____

Parent/Guardian Name: _____ Date: _____



Parent/Child Information Form for Teachers

Judson Weekday

Child's Name: _____ DOB: _____

Mother's Name: _____ Father's Name: _____

Guardian: _____

Best Contact Number: Mother: _____ Father: _____

Guardian: _____

Best Method of Communication: _____

Siblings (With Ages): _____

Address: _____

Email: Mother: _____ Father: _____

Guardian: _____

Mother's Vocation: _____ Father's Vocation: _____

Child's Information

Language Spoken at Home: _____

What does your child call their grandparents: _____

Allergies/Medical Concerns: _____

Epi-Pen: YES NO Inhaler: YES NO Circle One: Diapers, Potty Training, or Fully Potty Trained

PDO: Naptime Comfort Object: _____

Naptime Routine: Sound machine: YES NO Rock: YES NO Music: YES NO Bed: Baby or Regular

My Child's Favorite Things:

Color: _____ Toy: _____

Character: _____ Book: _____

Hobbies: _____ Games: _____

My Child does not like: _____

I would like you to know this about my child: _____

Parents – Please check if you would be willing to help in these areas:

____ Participate on the Parent Advisory Team

____ Be a parent class contact for the Parent Advisory Team

____ Bring snacks on special occasions

____ Volunteer on special days in the classroom

____ Share: hobby, vocation, cultural of national origin, music, read books

____ Interest in being a Room Parent

____ Please list any other ways you would like to help: _____



Photo Release Permission

Judson Weekday

Dear Parents,

When your children are learning in the classroom or participating in special events, we often have many great photo opportunities. We would like your permission to use photographs taken during class time, special events or celebrations.

Please sign the permission slip below to indicate your preference for the handling of your children's photos. You **must** circle your choice under each category below. The absence of selecting indicates your approval.

Permission for Internal Use of Children Photos

I DO / I DO NOT (Circle one) give Judson Weekday permission to use photographs of my child taken during class time, playground time, and special events. These photos will only be used internally and will be posted inside the classroom, in the hallways, classroom books and Procure App. I understand that all photos will be available for review if I should make the request.

Permission for Private Instagram Use of Children Photos

I DO / I DO NOT (Circle one) give Judson Weekday permission to use photographs of my child taken during the day to post on their private Instagram. I understand that only the backs, sides or the tops of the children's heads will show. I understand that my child will not be identified by name (or tagged) when photos are posted. I understand that all photos will be available for review if I should make the request.

Permission for External Use of Children Photos

I DO / I DO NOT (Circle one) give permission for photographs of my child to be used for publicity purposes on the school website, in brochures, or other publicity means that promotes Judson Weekday. I understand that my child will not be identified by name (or tagged) when photos are used for publicity purposes. I understand that all photos will be available for review if I should make the request.

Child's Name: _____ Date: _____

Parent/Guardian Signature: _____