

Date: _____

\$50 Registration Fee _____
(NON-REFUNDABLE)

**Enrollment Application for
Otter Creek Nursery School & Kindergarten
409 Franklin Road, Brentwood, TN 37027**

General Information:

Student Name: _____ Birthdate: _____

Name Child prefers to be called: _____ (Girl _____ / Boy _____) SS# _____

Address: _____ Telephone: _____

_____ Zip _____ Mobile #: _____

Email: _____

Parent/Guardian Information:

Mother's Name: _____

Current Occupation: _____

And/or occupation before child's birth: _____

Work Phone: _____

Education: () high school () college-give degree: _____

Church Membership: _____

Mother's Email: _____

Father's Name: _____

Occupation: _____

Education: () high school () college- give degree: _____

Work Phone: _____

Church Membership: _____

Father's Email: _____

Family Information:

Brothers and Sisters:

<u>Name</u>	<u>Age</u>	<u>School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who are the present members of your household? (including parents, children, relatives, etc.)

Student Information:

Child's Physician: _____ Address: _____

Work phone: _____ Home phone: _____

Allergies? () Yes () No

If yes, what are the specific symptoms and/or causes of which the teacher needs to be aware?

Are there any other physical problems of which his/her teacher should be made aware-- a serious illnesses, disease, or physical disabilities? () No () Yes

Have any behavioral, psychological, or educational evaluations of your child been administered? () No () Yes
If yes, when and by whom? **Please provide a copy to the school along with your application.*

Any special eating habits/difficulties? () No () Yes

Toilet habits: _____

Fears: _____

What issues, if any, often arise between parent and child?

What is your child's attitude towards going to school?

Is this your child's first school experience? () No () Yes

If not, place child attended previously: _____

Any other general information that you feel would be helpful to the teacher?

Please list all adults authorized to provide transportation for your child:

1. _____ 3. _____
2. _____ 4. _____

Emergency Information:

If your child becomes ill at school and a parent is unavailable, list a contact person and phone #:

_____ / _____

Name of person, other than director, authorized to act for the parent in case of an emergency:

Address: _____ Where employed: _____

_____ Work hours _____

Phone: _____ Work phone: _____

I do hereby authorize emergency medical care.

_____ (Signature of parent/s or guardian)

Date: _____

Classes:

Two year olds-----birthdates	1/16 to 9/16	2 days-Mon/Wed	()
Two year olds----- "	1/16 to 9/16	2 days- Tues/Thurs	()
Three year olds----- "	1/15 to 9/15	3 days-Mon/Wed/Fri	()
Three year olds----- "	1/15 to 12/15	2 days- Tues/Thurs	()
Four year olds----- "	1/14 to 2/15	3 days-Mon/Wed/Fri	()
Four year olds----- "	1/14 to 2/15	2 days-Tue/Thurs	()
Pre-Kindergarten----- "	9/13 to 4/14	3 days-Mon/Wed/Fri	()
Pre-Kindergarten----- "	9/13 to 4/14	2 days-Tue/Thurs	()
Kindergarten----- "	before 9/13	5 days Mon-Fri	()

director will be glad to discuss it with you. Please indicate a first and a second choice if appropriate. Applicants are considered without regard to race, creed, or religion.