

Date: _____

\$50 Registration Fee _____
(non-refundable)

Enrollment Application for
Otter Creek Preschool and Kindergarten
409 Franklin Rd Brentwood, Tn 37027

General Information:

Student Name: _____ **Birthdate:** _____

Child prefers to be called: _____ Girl _____ Boy _____

Address: _____

Zip _____

Cell Phone: _____ Home Phone _____

Parent/Guardian Information:

Mother's name: _____

Current occupation: _____

Work phone: _____

Church Membership: _____

Mother's email: _____

Father's Name: _____

Current Occupation: _____

Work phone: _____

Church Membership: _____

Father's Email: _____

Family Information/Brothers and Sisters:

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Student Information:

Child's Physician: _____ Address: _____

Office Number: _____

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-serious illness, disease or physical disabilities? ___yes (please explain below) ___no

Have any behavioral, psychological, or educational evaluations of your child been administered? ___yes (please explain below and provide a copy to the school) ___no

Please circle the appropriate answer and explain when needed:

My child

Has difficulty with toilet habits yes no

If yes, explain _____

Has difficulty eating yes no

If yes, explain _____

Enjoys school yes no

If no, explain _____

Has been to school before yes no

If yes, where? _____

Responds well to peers yes no

If no, explain _____

Responds well to adults yes no

If no, explain _____

Has fears? Yes no

If yes, explain _____

Any other general information that you feel would be helpful? _____

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

1. _____ phone _____

2. _____ phone _____

3. _____ phone _____

4. _____ phone _____

Emergency Information:

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

_____ phone _____

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

_____ phone _____

I do hereby authorize emergency medical care.

_____ Date _____

Parent/guardian signature

Classes

Two year olds-----	1/21 to 8/15/21	2 days-Mon/Wed	()
Two year olds-----	1/21 to 8/15/21	2 days-Tues/Thurs	()
Three year olds-----	1/20 to 9/20	3 days-Mon/Wed/Fri	()
Three year olds-----	1/20 to 9/20	2 days-Tues/Thurs	()
Four year olds-----	1/19 to 2/20	3 days-Mon/Wed/Fri	()
Four year olds-----	1/19 to 2/20	2 days-Tues/Thurs	()
Pre-Kindergarten-----	9/18 to 4/19	5 days-Mon-Fri.	()
Pre-Kindergarten-----	9/18 to 1/19	4 days-Mon-Thurs.	()
Pre-kindergarten-----	9/18 to 4/19	3 days-Mon/Wed/Fri	()
Pre-kindergarten-----	9/18 to 4/19	2 days-Tues/Thurs	()
Kindergarten-----	5 years old on or before 8/15/18	5 days-Mon-Fri	()

Please indicate a first and second choice if appropriate. All placements are at the discretion of the director. The applicants are considered without regard to race, creed or religion. *Students whose birthdates fall outside of the given range may be considered for placement subject to availability, class composition, and best interest of the child.