

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: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian Information:**

**Mother's name:**

First \_\_\_\_\_ Last \_\_\_\_\_

Current occupation: \_\_\_\_\_

Work phone: \_\_\_\_\_

Education: \_\_\_ High school \_\_\_ College – degree \_\_\_\_\_

Church Membership: \_\_\_\_\_

Mother's email: \_\_\_\_\_

**Father's Name:**

First \_\_\_\_\_ Last \_\_\_\_\_

Current occupation: \_\_\_\_\_

Work phone: \_\_\_\_\_

Education: \_\_\_ High school \_\_\_ College – degree \_\_\_\_\_

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: \_\_\_\_\_ Office Number: \_\_\_\_\_

Address: \_\_\_\_\_

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*

**Class Schedules**

| <i>Class</i>      | <i>Birthday Range</i>            | <i>Schedule</i>     | <i>Option 1</i>          | <i>Option 2</i>          |
|-------------------|----------------------------------|---------------------|--------------------------|--------------------------|
| Two year olds–    | 1/19 to 8/15/19                  | 2 days- Mon/Wed     | <input type="checkbox"/> | <input type="checkbox"/> |
| Two year olds–    | 1/19 to 8/15/19                  | 2 days- Tues/Thurs  | <input type="checkbox"/> | <input type="checkbox"/> |
| Three year olds–  | 1/18 to 9/18                     | 3 days- Mon/Wed/Fri | <input type="checkbox"/> | <input type="checkbox"/> |
| Three year olds–  | 1/18 to 9/18                     | 2 days- Tues/Thurs  | <input type="checkbox"/> | <input type="checkbox"/> |
| Four year olds–   | 1/17 to 2/18                     | 3 days- Mon/Wed/Fri | <input type="checkbox"/> | <input type="checkbox"/> |
| Four year olds–   | 1/17 to 2/18                     | 2 days- Tues/Thurs  | <input type="checkbox"/> | <input type="checkbox"/> |
| Pre-Kindergarten– | 9/16 to 4/17                     | 5 days- Mon-Fri     | <input type="checkbox"/> | <input type="checkbox"/> |
| Pre-Kindergarten– | 9/16 to 4/17                     | 4 days- Mon-Thurs.  | <input type="checkbox"/> | <input type="checkbox"/> |
| Pre-kindergarten– | 9/16 to 4/17                     | 3 days- Mon/Wed/Fri | <input type="checkbox"/> | <input type="checkbox"/> |
| Pre-kindergarten– | 9/16 to 4/17                     | 2 days- Tues/Thurs  | <input type="checkbox"/> | <input type="checkbox"/> |
| Kindergarten–     | 5 years old on or before 8/15/16 | 5 days- Mon-Fri     | <input type="checkbox"/> | <input type="checkbox"/> |

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.

