

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

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

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**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? \_\_\_\_\_

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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

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Have any behavioral, psychological, or educational evaluations of your child been administered?  yes (please explain below and provide a copy to the school)  no

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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

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**Classes**

Two year olds-----	1/20 to 8/15/20	2 days-Mon/Wed	( )
Two year olds-----	1/20 to 8/15/20	2 days-Tues/Thurs	( )
Three year olds-----	1/19 to 9/19	3 days-Mon/Wed/Fri	( )
Three year olds-----	1/19 to 9/19	2 days-Tues/Thurs	( )
Four year olds-----	1/18 to 2/19	3 days-Mon/Wed/Fri	( )
Four year olds-----	1/18 to 2/19	2 days-Tues/Thurs	( )
Pre-Kindergarten-----	9/17 to 4/18	5 days-Mon-Fri.	( )
Pre-Kindergarten-----	9/17 to 4/18	4 days-Mon-Thurs.	( )
Pre-kindergarten-----	9/17 to 4/18	3 days-Mon/Wed/Fri	( )
Pre-kindergarten-----	9/17 to 4/18	2 days-Tues/Thurs	( )
Kindergarten-----	5 years old on or before 8/15/17	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.