

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:** \_\_\_\_\_

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

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

Education: \_\_\_\_ High school \_\_\_\_ College-give degree \_\_\_\_\_

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

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

**Father's Name:** \_\_\_\_\_

Current Occupation: \_\_\_\_\_

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

Education: \_\_\_\_ High School \_\_\_\_ College-give 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.)

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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 yes, explain \_\_\_\_\_

Has been to school before              yes                      no

    If yes, explain \_\_\_\_\_

Responds well to peers                  yes                      no

    If yes, explain \_\_\_\_\_

Responds well to adults                  yes                      no

    If yes, 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-----	1/17 to 8/15/17	2 days-Mon/Wed	( )
Two year olds-----	1/17 to 8/15/17	2 days-Tues/Thurs	( )
Three year olds-----	1/16 to 9/16	3 days-Mon/Wed/Fri	( )
Three year olds-----	1/16 to 9/16	2 days-Tues/Thurs	( )
Four year olds-----	1/15 to 2/16	3 days-Mon/Wed/Fri	( )
Four year olds-----	1/15 to 2/16	2 days-Tues/Thurs	( )
Pre-Kindergarten-----	9/14 to 4/15	5 days-Mon-Fri.	( )
Pre-Kindergarten-----	9/14 to 4/15	4 days-Mon-Thurs.	( )
Pre-kindergarten-----	9/14 to 4/15	3 days-Mon/Wed/Fri	( )
Pre-kindergarten-----	9/14 to 4/15	2 days-Tues/Thurs	( )
Kindergarten-----	before 9/14	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.