

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

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.