Date:_____

$100 Registration Fee _____
(non-refundable) Office use only

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: _____

City _____ Zip _____

Mother's Cell Phone:_____ Dad's Cell 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
*children must be potty trained by age 4

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----------	2 days-Mon/Wed	( )
Two year olds----------	2 days-Tues/Thurs	( )
Three year olds---------	3 days-Mon/Wed/Fri	( )
Three year olds---------	2 days-Tues/Thurs	( )
Four year olds----------	3 days-Mon/Wed/Fri	( )
Four year olds----------	2 days-Tues/Thurs	( )
Pre-Kindergarten-------	4 days-Mon-Thurs.	( )
Pre-Kindergarten-------	3 days-Mon/Wed/Fri	( )
Pre-Kindergarten-------	2 days-Tues/Thurs	( )
Kindergarten----------**5 years old on or before 8/15/21	5 days-Mon-Fri	( )

Please indicate a first and second choice if appropriate. If requesting all 4 days for the 2-year-old class or all 5 days for preschool, please mark both options and indicate that to the side. All placements are at the discretion of the director. The applicants are considered without regard to race, creed or religion. If you are needing all 5 days, mark both options and make a note. *Considerations for placements are subject to availability, class composition, and best interest of the child. ** Special consideration would need to be taken for a child turning 6 before 7/1/21.