

Hillcrest UMC Preschool
5112 Raywood Lane Nashville, TN. 37211 831-1001

Enrollment Application 2016-2017

Family Last Name _____

Address _____ City _____ State _____ Zip Code _____
Home Phone _____ Main Email _____
Other Email _____ (optional) _____ (name on email address)

Children Information:

Child's Full Name _____ (first) _____ (middle) _____ (last) _____ DOB _____

Child's Full Name _____ (first) _____ (middle) _____ (last) _____ DOB _____

Parent Information:

Mother's Name _____ Father's Name _____

Mother's Employer: _____

Father's Employer: _____

Occupation: _____ Occupation: _____
Work Hours _____ Work Hours _____
Work Phone _____ Work Phone _____
Cell Phone _____ Cell Phone _____

Parent's Marital Status: Married Separated Divorced Single

If divorced or separated, please indicate parent with custody _____

(please provide the day school office with appropriate custody papers)

List the address of the non-custodial parent _____

Emergency Contacts – persons allowed to pick up your child.

Mandatory manual sign in/out.

1 st Contact Person	Relationship to child	Phone Number
_____	_____	_____
2 nd Contact Person	Relationship to child	Phone Number
_____	_____	_____
3 rd Contact Person	Relationship to child	Phone Number
_____	_____	_____

Emergency Medical Information

Pediatrician Name _____
Office Address _____ Office Phone Number _____

Dentist Name _____
Office Phone Number _____

May we take your child to the closest hospital if deemed necessary? Yes or No
If no, specify which hospital: _____

Responsible person, other than the parent, to contact in an emergency In the event the child's parents cannot be promptly located.

Name _____ Relationship to child _____
Home address _____
Home phone _____ cell phone _____

Religious Affiliation: _____
Would you like more information about Hillcrest United Methodist Church? Yes ___ No ___

I have toured Hillcrest United Methodist Preschool and have been informed of the services and program offered. I HAVE READ THE PARENT'S HANDBOOK AND AGREE TO THE POLICIES CONTAINED THEREIN. I have received a copy of the DHS summary sheet. _____ (initial please)

Permission to Photograph: initial all that you agree with

_____ HUMC has permission to take and use my child's photograph in the classroom/school displays.

_____ HUMC has permission to use my child's photograph in an on-line photo album.

_____ HUMC DOES NOT have permission to take and use my child's photograph in the classroom/school displays.

_____ HUMC DOES NOT have permission to use my child's photograph in an on-line photo album

Please read the following before you sign this form!

I, the undersigned parent or legal guardian of the child named on this form, herby acknowledge receipt of a complete packet of registration materials including:

- 1. The HUMC Preschool Parent Handbook**
- 2. The HUMC Preschool Policy and Tuition Agreement**
- 3. The HUMC Preschool Tuition and Fee Schedule**
- 4. The TN. Department of Human Services of Licensing Requirements for Child Care Centers Summary;**
- 5. The TN. Department of Human Services Child Health Record**

Furthermore, I herby authorize the procurement of emergency medical care, at my expense, for the child named in this form in the event of a serious accident or sudden illness while at Hillcrest United Methodist Preschool.

Finally, I agree to comply with policies contained in the Parent Handbook provided to me at the time of registration and to future changes that may be deemed necessary by the Preschool Board from time to time.

Parent's Signature

Date

Child Profile

Date completed _____

Child's Preferred Name _____ DOB _____

Physical Issues: Please circle Y for "yes" or N for "no" for each item

- Y/N there were problems during pregnancy/birth of child
Y/N the birth weight under 5 ½ pounds
Y/N child has been hospitalized overnight. Reason: _____
Y/N child taking medications at this time Medicines: _____
Y/N child has had reaction to immunizations.
Y/N child has had asthma or wheezing. When: _____
Y/N child has speech/hearing problems. Describe: _____
Y/N child has had more than 2 ear infections in a year.
Y/N child has had a bladder or kidney infection.
Y/N child has had seizures, fits, or shaking spells? When: _____
Y/N child has been diagnosed with a heart murmur.
Y/N child is on a heart monitor.
Y/N child is able to play as hard as other children.
Y/N child has ever had a bumpy, swollen reaction to a TB skin test.
Y/N child has been around person with TB.
Y/N child is a hemophiliac (free bleeder).
Y/N child has tubes in their ears.
Y/N child is participating in classes for specific developmental issues. Describe the classes currently enrolled in for these issues. _____

Y/N child generally gets along with their peers and adults

Y/N child has the following allergies (food, medicines, insect bites, etc.) _____

Y/N child has attended other preschool. Dates and where attended: _____

Y/N child has the following fears: _____

Child last saw the pediatrician on _____

Projected Kindergarten Enrollment Date _____

Family Environment:

Child has own room Yes or No

Other adults (non-parents) living in the home: _____

Siblings and their ages: _____

Special Instructions:

Please describe in detail any additional information about your child/family that will help us care for your child. (IE: potty training, sleep habits, physical/mental/emotional issues, special needs, etc.) _____

Please indicate the requested schedule for your child(ren).
Schedules will be determined based on availability.

Summer 2016

Child's Name _____

Attendance Schedule:

Days: Tues, Wed, Thurs

Times: 8:30-3:30 8:30-6:00 Extended care fee extra

Child's Name _____

Attendance Schedule:

Days: Tues, Wed, Thurs

Times: 8:30-3:30 8:30-6:00 Extended care fee extra

Fall 2016-2017

Child's Name _____

Attendance Schedule: please circle desired attendance

Days: M-F M/W/F T/Th

Times: 8:30-3:30 8:30-6:00 Extended care fee extra

Child's Name _____

Attendance Schedule: please circle desired attendance

Days: M-F M/W/F T/Th

Times: 8:30-3:30 8:30-6:00 Extended care fee extra

Once enrollment is set you will receive a contract to be signed to confirm schedules

Parent Signature _____

Date _____

Office use only:

Date Received _____ Time _____ Fee Paid _____ Cash Check # _____