



Child Registration/Application

SIGNAL MOUNTAIN PRESCHOOL

Student Information:

Full Name of Child: _____ Name child goes by: _____

Child's DOB: _____ Circle: male or female T-shirt size: 3T 4T 5T other: _____

Is the child related to the primary caregiver? No Yes Relationship: _____

Parents/Custodial Parents:

Mother's Name: _____ Father's Name: _____

Home Address: _____ Home Address: _____

City State Zip City State Zip

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Employment: _____ Employment: _____

Work Address: _____ Work Address: _____

City State Zip City State Zip

Work Phone: _____ Work Phone: _____

Work Hours: _____ Work Hours: _____

Transportation Plan:

Please list any other adults to whom your child may be released or are authorized to provide transportation for your child.

Emergency Contact Information:

1. Name of person, other than the childcare provider, authorized to act for parent in an emergency.

Home Address: _____ Home Phone: _____
City State Zip

Place & Address
of Employment/School: _____
City State Zip

Work Phone: _____ Work Hours: _____

Alternate Phone Numbers (cell): _____

2. Name of person, other than the childcare provider, authorized to act for parent in an emergency.

Home Address: _____ Home Phone: _____
City State Zip

Place & Address
of Employment/School: _____
City State Zip

Work Phone: _____ Work Hours: _____

Alternate Phone Numbers (cell): _____

3. Name of person, other than the childcare provider, authorized to act for parent in an emergency.

Home Address: _____ Home Phone: _____
City State Zip

Place & Address
of Employment/School: _____
City State Zip

Work Phone: _____ Work Hours: _____

Alternate Phone Numbers (cell): _____

Physician Contact Information:

Name of Physician: _____ Phone: _____

Address: _____

Background Information:

Other Children in the Family	Date of Birth	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Experiences with Others:

What are some of the ways the child plays at home? _____

Does he/she play with children from other families? _____ How? _____

Does he/she react when he/she does not get his/her own way? _____

Is the entire family together for any time during the day? _____

Eating Habits:

At what time does the child eat breakfast? _____ Lunch? _____ Dinner? _____

Between-meal Snacks? _____ Does the child feed himself/herself? _____

What is the child's general attitude toward eating? _____

If the child refuses to eat, how is this handled and by whom? _____

Food Favorites: _____

Food Dislikes: _____

Food Allergies: _____

Sleep Habits:

Has own room: _____ Shares room with: _____ Other Children _____ Parents _____
At night sleeps from _____ to _____ Average Hours of Sleep Per Night: _____
Naps from _____ to _____ Average Hours of Naps: _____
Attitude toward going to bed: _____
If there is difficulty, how is this handled? _____
Habits associated with going to bed? _____

Toilet Habits:

Time at which child is taken to the bathroom? _____
Can the child take themselves? _____ Does the child tell you when he/she needs to go, and does he/she go willingly? _____ Can he/she manage his/her clothes at the toilet? _____

Speech and Development:

The child communicates (receptively and expressively): Well Fairly Well Not Very Well Not at All
If there is a discrepancy, please explain (feel free to attach current speech and language evaluation if applicable):

Is there any other information you think we should have about the child? _____

Ongoing Medical Care:

Does the child have any medical diagnosis that requires ongoing care? _____
If yes, explain what type of care is administered at home and by whom? _____

Are you requesting that this care be provided at the facility? Yes No If yes, describe the care required: _____

(A doctor's statement will be necessary for any care requested to be administered at the preschool).

Acknowledgements:

I acknowledge that the above provided information is accurate and true to my knowledge and experience. I also acknowledge that in order to complete enrollment for Signal Mountain Preschool, I will be required to do the following:

Tour the preschool, receive/review the Summary of State Licensing Requirements, receive/review Signal Mountain Preschool's Policies and Procedures (which include payment contract), authorize emergency medical care for my child, provide a brief health history and Tennessee immunization record, and (if applicable), provide a medication administration authorization form.

Signature of Parent(s)/Guardian(s)

Date