

Concord Road Preschool

8221 Concord Road

Brentwood, TN 37027

Phone (615)661-4612; Fax (615)373-9743



Application

Name _____ (please circle or write the name the child prefers to be called)

Girl _____ Boy _____ Birthdate _____ Telephone Number _____

Email _____

Address _____

Mother's Name _____ Cell # _____

Place of Employment _____ Work # _____

Address _____

Days and Hours at work _____

Father's Name _____ Cell # _____

Place of Employment _____ Work # _____

Address _____

Days and Hours at work _____

List of Child's Siblings _____

Church Membership _____

Person's authorized to pick up and transport my child/children:

Name _____ Home/Cell # _____

Relationship _____

Name _____ Home/Cell # _____

Relationship _____

Emergency Information (Name of person other than the preschool staff, authorized to act for a parent in an emergency)

Name _____ Home/Cell # _____

Relationship _____

Name _____ Home/Cell # _____

Relationship _____

Medical Information

Doctor's Name _____ Phone number _____

Address _____

Any known allergies _____

If so, what does your child take? _____

Any other medical concerns that the preschool would need to know about? _____

Can your child handle basic bathroom needs? _____

Is there any other information that you wish to share that would assist us in meeting your child's needs? _____

In the event of a medical emergency requiring ambulance transportation to a hospital, I request the following

hospital: _____ **Parent Signature:** _____

Peer Interaction (with whom do they spend most of their time)

☐ Preschool

☐ Relatives

☐ Friends/Neighbors

☐ Church

Playmates

☐ Older

☐ Younger

☐ Same age

☐ Mixture

Typical coping responses to stress/anger/frustration

☐ Tantrums

☐ Withdraws

☐ Appetite change

☐ Destructive behavior (throws, kicks, bites)

☐ Seeks attention and support

☐ Other _____

Recent stresses

☐ Move

☐ Divorce/Remarriage

☐ Parent traveling

☐ New baby

☐ Death of relative

☐ Other _____

Compared to other children this age, is your child challenged with

☐ Speech

☐ Hearing

☐ Seeing

☐ Talking

☐ Walking/Running

☐ General movements

☐ Other _____

Please initial after each line:

I have received a summary of the licensing requirements (in parent handbook.) _____

I have visited the preschool prior to enrolling my child. _____

I have received a copy of the preschool's parent policy statement (in parent handbook) and verify my understanding and agreement of content. _____

I have turned in my child's current immunization records to the preschool office. _____

I have been notified that the Emergency Disaster Plan Handbook is located in the office _____

If parents are divorced, the custodial parent is _____.

I have provided a copy of custody order _____

Registration Fee: \$150

Please make checks payable to CRP. This registration fee will reserve your child's placement at CRP. It is non-refundable, and will not be applied and/or deposited until there is a spot open for your child.

Date registration fee received _____ Check # _____

**** Activity Fee: \$50 will be collected on Snoopy Day prior to starting preschool.** This covers all activities such as pumpkin patch, pizza party, friendship feast, spring program costume, scholastic big world, and butterfly project.

Any additional information you wish to tell us about your child:

I would like to register my child for:

Three Year Olds	3 days (Tuesday, Wednesday, Thursday)	\$400/month _____
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Pre-K Four Year Olds	3 Days (Tuesday, Wednesday, Thursday)	\$400/month _____
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Pre-K Five Year Olds	3 Days (Tuesday, Wednesday, Thursday)	\$400/month _____
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*Please be aware that Concord Road Preschool will place your child based on birthdate and when your child will be attending kindergarten.

Parent Signature: _____ Date: _____

