

GRACE LUTHERAN CHURCH PRE-SCHOOL

2041 Madison Street + Clarksville, TN 37043 + 931-645-3497

ENROLLMENT APPLICATION

Date _____

I hereby make application for admission of my child _____ (name) to the Pre-School of Grace Lutheran Church and submit the following data for your information.

Full Name of Child _____ [] Male [] Female

What does the child prefer to be called? _____

Child's Date of Birth _____

Address _____ Home Phone _____

Mailing address (if different from above) _____

Father's Name _____ Occupation _____

Business Name and Address _____ Work Phone _____

Mother's Name _____ Occupation _____

Business Name and Address _____ Work Phone _____

EMERGENCY INFORMATION:

Names of persons authorized to act for parent in an emergency (other than the Director):

Name/Address _____ Daytime Phone _____

Name/Address _____ Daytime Phone _____

Physician Name _____ Daytime Phone _____

Address _____

BACKGROUND INFORMATION:

Other Children in the Family:

| Names | Date of Birth | School |
|-------|---------------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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

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

If so, how? _____

Does he/she usually get his/her own way with other children? _____

If not, how does he/she react? _____

GENERAL HEALTH HABITS AND INFORMATION:

1. Eating: Appetite: [] Good [] Fair [] Poor

Favorite foods _____

Disliked foods _____

Foods he/she is allergic to _____

2. Elimination: Any problems with toilet habits? _____

Can he/she manage his/her clothes at the toilet? _____

What word does he use for urinating? _____ For bowel movement? _____

3. Sleep Habits: Are there any sleep problems? _____

4. Emotional Development: Fears? _____

Jealousy? _____ Dependency on others? _____

Nervous Manifestations (nail biting, etc.) _____

5. Speech Development: Any speech problems? _____

Does he/she talk well? _____ Fairly well? _____

Indistinctly? _____ Not at all? _____

6. Physical Growth: At what age did he/she crawl? _____ walk? _____

Would you describe him/her as active or quiet? thin, average, weight or heavy? tall, average height, short? friendly or unfriendly? Receptive to change or resistant? _____

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

I do hereby authorize emergency medical care for my child.

signature of parent