

APPLICATION FOR ADMISSION

INFORMATION FORM

FIRST PRESBYTERIAN CHURCH PRESCHOOL

213 MAIN STREET CLARKSVILLE, TN 37040

931-645-0313

Date _____

I hereby make application for admission of my child _____

to the First Presbyterian Church Preschool and submit the following data for your information:

Full Name of Child: _____ Sex: _____

What does the child like to be called? _____

Child's date of birth _____ Home Phone # _____

Address _____

Street

City

State

Zip Code

Father's Name _____ Occupation _____

Business Address _____ Telephone _____

Mother's Name _____ Occupation _____

Business Address _____ Telephone _____

EMERGENCY INFORMATION: Name of person authorized to act for the parents in an emergency other than the

Preschool Director: _____

Work Phone _____ Home Phone _____

Name of child's physician _____

Address _____ Phone # _____

BACKGROUND INFORMATION

Other children in the family:

Name

School

Birthdate

What are some of the ways in which the child plays at home?

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

If so, how? _____

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

If not, how does he/she react? _____

GENERAL HEALTH HABITS:

1. Eating: Appetite good _____ Fair _____

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 (if applicable)? _____

What word does he/she use for urinating? _____ 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 or 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

Signature of parent

Email _____