

# GERMANTOWN PRESBYTERIAN PRESCHOOL

2363 So. Germantown Road, Germantown, TN 38138  
901-753-6221 preschool@germantownpres.org

## Enrollment Application

Child's name \_\_\_\_\_ Child is to be called \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_

### Parents (Guardians):

Mother's name _____	Father's name _____
Date of birth _____	Date of Birth _____
Where employed _____	Where employed _____
Position/title _____	Position/title _____
Work phone/ext. _____	Work phone/ext. _____
Cell phone _____	Cell phone _____
E-mail address _____	E-mail address _____

### Emergency Contacts/Release Information (other than parents)

\*Please use back of page for additional persons authorized to pick up child.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Ongoing/recurrent medical conditions \_\_\_\_\_

Medications (list names) \_\_\_\_\_

Enrollment Information: A non-refundable \$50.00 enrollment fee must accompany this form.

**Toddler Class** (15 – 23 mo. old as of 9/1) Please list 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> priorities.

\_\_\_(MWF) \_\_\_(T Th) \_\_\_(MW) \_\_\_(WF) \_\_\_(MF) \_\_\_M only \_\_\_W only \_\_\_F only

**Twos Class** (24 – 36 mo. old as of 9/1) Please list 1<sup>st</sup> and 2<sup>nd</sup> priorities.

\_\_\_(MWF) \_\_\_(T Th) \_\_\_(MW)

**Threes Class** \_\_\_Mon/Wed/Fri \_\_\_Tues/Thurs

**Pre-K Class** \_\_\_Mon/Wed/Fri \_\_\_Tues/Thurs \_\_\_Mon – Fri (5 days)

I do hereby authorize medical care and, if deemed necessary by GPP staff, transportation required to obtain said care. Should the above named child be accepted for enrollment at Germantown Presbyterian Preschool for the designated school year, I agree to pay all financial responsibilities evidenced by this enrollment, including any costs of collection, court costs, and attorney fees.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Prior to a child's attending GPP, his/her parent or guardian will receive a current Parents' Handbook and a copy of licensing requirements. At that time, GPP will ask for a signature on the accompanying form indicating the parent's/guardian's having read the policies in the handbook and willingness to comply with them.

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GPP welcomes children and their families based on availability regardless of sex, race, color, or creed. The Preschool reserves the right to dismiss any student whose presence in the school is considered detrimental to the student's or the school's best interest.

## Enrollment Summary

The following information will be beneficial to the director and teachers in working with your child. Please be assured that all information will be kept confidential.

1. If new to GPP, explain briefly what attracted you to our program.
2. What are your expectations of Germantown Presbyterian Preschool this year?
3. If parents are separated or divorced, please describe custody arrangement. (A copy of your Permanent Parenting Plan or other court custody directive will be needed before your child attends)
4. Names and ages of other children in the family; names and relationships of other people in household:
5. Positive disciplinary methods used at home:
6. Child's special fears or apprehensions:
7. Child's food allergies or dietary restrictions:
8. Sleep habits:  
Usual naptime span: \_\_\_\_\_  
Special toys? \_\_\_\_\_
9. Are you a member of Germantown Presbyterian Church? \_\_\_ Yes \_\_\_ No  
If not, check here  to be sent information on the church.
10. Has your child ever been enrolled in a childcare program prior to GPP? \_\_\_ Yes \_\_\_ No  
If yes, how recently? \_\_\_\_\_
11. Toilet habits:  
Potty trained? \_\_\_\_\_  
Does your child tell when he/she needs to go? \_\_\_\_\_  
Can your child manage his/her clothing? \_\_\_\_\_  
What word is used for urinating? \_\_\_\_\_  
What word is used for bm? \_\_\_\_\_
12. Does your child have any diagnosed special needs? \_\_\_ Yes \_\_\_ No  
If yes, please describe \_\_\_\_\_
13. Please take this opportunity to share your observations about your child, strengths, and some things he or she particularly likes:

## Child's Health History Checklist

The answers to these questions will help us to know if your child has any medical problems. We need this information in case he/she should become ill and we were unable to reach you right away. Please circle the appropriate answer. If "Yes" is circled, please give a brief explanation.

### Pregnancy and Birth

- |     |    |  |
|-----|----|--|
| Yes | No | 1. Were there any problems with pregnancy or your child's birth? |
| Yes | No | 2. Was his/her birth weight under 5 ½ pounds?                    |
| Yes | No | 3. Did the baby have any problems in the hospital?               |

### Medical Problems

- |     |    |  |
|-----|----|--|
| Yes | No | 4. Has your child been in the hospital overnight since birth?              |
| Yes | No | 5. Is your child taking any medicine?                                      |
| Yes | No | 6. Does your child have allergies or reactions to medicine or insects?     |
| Yes | No | 7. Has your child had asthma or wheezing?                                  |
| Yes | No | 8. Does your child have speech or hearing problems?                        |
| Yes | No | 9. Has your child had more than two ear infections in a year?              |
| Yes | No | 10. Has your child has tonsillitis?  |
| Yes | No | 11. Does your child have trouble with his/her eyes or seeing?              |
| Yes | No | 12. Has your child had a bladder or kidney infection?                      |
| Yes | No | 13. Does he/she have burning sensations when urinating?                    |
| Yes | No | 14. Does he/she have seizures or shaking spells?                           |
| Yes | No | 15. Have you ever been told your child has a heart murmur?                 |
| Yes | No | 16. Is your child unable to play as hard as other children?                |
| Yes | No | 17. Has your child ever had a bumpy, swollen reaction to the TB skin test? |
| Yes | No | 18. Has your child ever been exposed to TB?                                |
| Yes | No | 19. Has your child ever had worms?   |
| Yes | No | 20. Does your child scratch his/her genital area?                          |
| Yes | No | 21. Are his/her bottom or genitals red or sore?                            |
| Yes | No | 22. Is your child a hemophiliac (free bleeder)?                            |
| Yes | No | 23. Is your child on a heart monitor?                                      |
| Yes | No | 24. Does your child have tubes in his/her ears?                            |
| Yes | No | 25. Is your child allergic to any foods? If yes, list _____                |

### Photo Release

\_\_\_\_\_ My initials indicate that GPP staff have my permission to photograph this child. Pictures (without last name identification) may be used for publicity purposes and/or included in e-mail to other GPP parents.

### Financial Aid

I am interested in (and may qualify for) financial aid. Please tell me how to apply.