

GRACE LUTHERAN CHURCH PRE-SCHOOL

2041 Madison Street - Clarksville, TN 37043 - 931-647-6750

ENROLLMENT APPLICATION

Date _____

CLASSROOM? 1s, 2s, 3s, or 4s MWF 1s, 2s, 3s, or 4s T/TH 4s M - F

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

Childs full name: _____ () Male () Female

What does the child prefer to be called? _____

Child's date of birth: _____

Father's name: _____ occupation: _____

Employer's name and address: _____ work phone: _____

Home address: _____ home/mobile phone: _____

E-Mail address: _____

Mother's name: _____ occupation: _____

Employer's name and address: _____ work phone: _____

Home address: _____ home/mobile phone: _____

E-Mail Address: _____

EMERGENCY INFORMATION

Physician's Name: _____ Address: _____ Phone: _____

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

Name	Address	Phone Numbers
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_____	_____	_____
_____	_____	_____

I do hereby authorize emergency medical care for my child.

Parent Signature and Date

BACKGROUND INFORMATION

Other children in the family:

Name

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/she use for urinating? _____ Bowel movements? _____

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 speak well? _____ Fairly well? _____ Indistinctly? _____ Not at all? _____

5. 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?
