

Date: \_\_\_\_\_

\$50 Registration Fee \_\_\_\_\_  
(NON-REFUNDABLE)

**Enrollment Application for  
Otter Creek Nursery School & Kindergarten  
409 Franklin Road, Brentwood, TN 37027**

**General Information:**

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name Child prefers to be called: \_\_\_\_\_ (Girl\_\_\_\_ / Boy\_\_\_\_) SS# \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian Information:**

Mother's Name: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

And/or occupation before child's birth: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Education: ( ) high school ( ) college-give degree: \_\_\_\_\_

Church Membership: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

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Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Education: ( ) high school ( ) college- give degree: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Church Membership: \_\_\_\_\_

Father's Email: \_\_\_\_\_

**Family Information:**

Brothers and Sisters:

Name

Age

School

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who are the present members of your household? (including parents, children, relatives, etc.)

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### Student Information:

Child's Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Allergies? ( ) Yes ( ) No

If yes, what are the specific symptoms and/or causes of which the teacher needs to be aware?

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Are there any other physical problems of which his/her teacher should be made aware? ( ) No ( ) Yes

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Any special eating habits/difficulties? ( ) No ( ) Yes

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Toilet habits: \_\_\_\_\_

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Fears: \_\_\_\_\_

Any serious illnesses? ( ) No ( ) Yes

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Does your child attend Bible classes? ( ) No ( ) Yes

What issues, if any, often arise between parent and child?

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What is your child's attitude towards going to school?

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Is this your child's first school experience? ( ) No ( ) Yes

If not, place child attended previously: \_\_\_\_\_

Any other general information that you feel would be helpful to the teacher?

\_\_\_\_\_  
\_\_\_\_\_  
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Please list all adults authorized to provide transportation for your child:

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

**Emergency Information:**

If your child becomes ill at school and a parent is unavailable, list a contact person and phone #:

\_\_\_\_\_ / \_\_\_\_\_

Name of person, other than director, authorized to act for the parent in case of an emergency:

\_\_\_\_\_

Address: \_\_\_\_\_ Where employed: \_\_\_\_\_

\_\_\_\_\_ Work hours \_\_\_\_\_

Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

I do hereby authorize emergency medical care.

\_\_\_\_\_ (Signature of parent/s or guardian)

Date: \_\_\_\_\_

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Classes:

Two year olds-----	birthdates	1/09 to 9/09	2 days - Tues., Thurs. ( )
Two year olds-----	“	1/09 to 9/09	2 days - Mon. Wed. ( )
Three year olds-----	“	1/08 to 9/08	3 days - Mon. Wed. Fri. ( )
Three year olds-----	“	1/08 to 12/08	2 days - Tues., Thurs. ( )
Four year olds-----	“	1/07 to 2/08	2 days - Tues., Thurs. ( )
Four year olds-----	“	1/07 to 2/08	3 days - Mon. Wed. Fri. ( )
Pre-Kindergarten-----	“	9/06 to 4/07	3 days - Mon. Wed. Fri. ( )
Kindergarten -----	“	before 9/06	5 days - Mon. - Fri. ( )

The birth dates given are suggested ages. If you feel your child might be best placed in a different group, the director will be glad to discuss it with you.

Please indicate a first and a second choice if appropriate.