

Judson Weekday 2024-2025 School Year

Judson Baptist Church

4900 Franklin Pike

Nashville, TN 37220

615.832.4131

\$130 Registration Fee

PDO Birthdate August 15, 2023 – August 16, 2021

If choosing 1 day, mark your 1st and 2nd preference:

Mon.____ Tues.____ Wed.____ Thurs.____

If choosing 2 days, mark your 1st and 2nd preference:

Mon./Wed.____ Tues./Thurs. ____

**Office use only: Date _____ No. _____

Cash/Check # _____ Amt. _____

\$130 Registration Fee

Pre-K Birthdate August 15, 2021 – August 16, 2018

Please mark your 1st and 2nd preference:

Mon./Wed. ____

Tues./Thurs. ____

Tues./Wed./Thurs. ____

Mon./Tues./Wed./Thurs. ____

Before/After Care is available only for **Pre-K students who are fully toilet trained**. Please select your preferences:

Before Care: Mon. ____ Tues. ____ Wed. ____ Thurs. ____

After Care: Mon. ____ Tues. ____ Wed. ____ Thurs. ____

Full Name of Child _____ Gender M ____ F ____
First Middle Last

Child's Birthdate _____ Child's Preferred Name _____

Child lives with: Both Parents ____ Mother ____ Father ____ Other/Guardian ____ Are there any custody issues we need to be made aware of?

Attends Church (Y/N) _____ Where? _____

Parents/Guardians:

Mother's Full Name _____ Cell Phone _____ Cell Provider _____

Email _____

Address _____ City _____ Zip _____ Home Phone _____

Employer (Full Name) _____ Work Phone _____ Work Hours _____

Work Address (include city, state & zip code) _____

Father's Full Name _____ Cell Phone _____ Cell Provider _____

Email _____

Address _____ City _____ Zip _____ Home Phone _____

Employer (Full Name) _____ Work Phone _____ Work Hours _____

Work Address (include city, state & zip code) _____

Emergency Information

In case of an emergency or illness, if parents/guardians are unable to be reached, who are two authorized contact persons we can call?

Name _____ Relationship _____

Cell Phone _____ Work Phone _____

Name _____ Relationship _____

Cell Phone _____ Work Phone _____

Other than those listed above, authorized persons to pick up your child:

Name _____ Relationship _____ Cell _____

Name _____ Relationship _____ Cell _____

Name _____ Relationship _____ Cell _____

Name _____ Relationship _____ Cell _____

Personal Information:

Siblings: Names and Ages _____

What is the primary language used in your home? _____

Circle any appropriate descriptions of your child:

active overly-active quiet friendly unfriendly noticeably shy outgoing agreeable aggressive
angry assertive compulsive demanding distractible enthusiastic even-tempered expressive
impulsive nervous sullen talkative well-mannered withdrawn cooperative

Emotional Development:

Does your child have any fears? _____

Do you know the cause of these fears? _____

What is your child's reaction to strangers? _____

Does your child cry easily? _____ Why? _____

What things usually calm your child when they are upset? _____

Is it easy for your child to be separated from either parent? _____

Eating Habits: Does your child eat breakfast? Yes _____ No _____ Is your child a picky eater? Yes _____ No _____

Does your child feed him/herself? Yes _____ No _____

List any foods or beverages that your child should not be given at school _____

What is child's general attitude towards eating? _____

If the child refuses to eat, how is this handled and by whom? _____

Sleep Habits: Bedtime _____ How long? _____ Daytime naptime _____ How long? _____ Does he/she resist? _____

Naptime securities (pacifier, bottle, blanket, animal, routines): _____

Toilet Habits: Check one: In Diapers or Pull-ups _____ Beginning to Potty Train _____ Fully Potty Trained _____

If potty trained, does child tell you when they need to go to the bathroom and goes willingly? _____

What word does child use for urinating? _____ Bowel movement? _____

Speech and Physical Growth:

Does child talk well? _____ Fairly well? _____ Not at all? _____ Can your child be understood by others? _____

Does anyone read to child? _____ How regularly? _____

Discipline: What method of discipline is used at home? _____

If you are enrolling your child in our Parent's Day Out Program, please, read, sign and date the statement below:

Notification of Parents Day Out Exemption

Parent-Day out programs (PDO) have been exempt from the Licensure Law and Regulations since 1976. The law (TCS 71-3 503) states that:

The provisions of the part (G) (A) shall not apply to Parent's Day Out or similar programs carried on by churches or church organizations which provide custodial care and services for children of less than school age for not more than two (2) days in each week and for not more than six (6) hours each day, and the conducting of any such programs shall not be construed to constitute the operation of a child care center.

I understand that the Parent's Day Out program at Judson Weekday is not licensed and is not required to be licensed by the state of Tennessee Department of Human Services.

☐ My child I am registering is attending the Parent's Day Out Program and I have read the above statement.

☐ My child I am registering is not attending the Parent's Day Out program.

Signature of Parent or Legal Guardian

Date

Medical Information:

Insurance Provider _____ Policy # _____ Policy Holder _____

Group Member _____ ID Number _____

Hospital child should be taken to in the event of an emergency _____

Physician Name _____ Address _____ Office Phone _____

Dentist Name _____ Address _____ Office Phone _____

Does your child have any known allergies? Yes _____ No _____ Are they life threatening? Yes _____ No _____

Please explain: _____

Does your child have an EpiPen? Yes _____ No _____ Please explain: _____

If yes, Judson Weekday will need two EpiPens (one for the office and one for the classroom).

Does your child use an Inhaler? Yes _____ No _____ Please explain: _____

Does your child take any medications on a regular basis? Yes _____ No _____ Please explain: _____

Has your child ever been treated professionally or are they currently receiving care for medical, behavioral or psychological reasons (i.e. speech therapy, occupational therapy, physical therapy, etc. Yes _____ No _____

Please explain: _____

Has your child ever been treated professionally or are they currently receiving care for medical, behavioral or psychological reasons (i.e. speech therapy, occupational therapy, physical therapy, etc.) Yes _____ No _____

Please explain: _____

Has your child ever had any surgeries? Yes _____ No _____ Please explain _____

Was child premature? _____ How early? _____ At what age did child crawl? _____ Walk? _____

Is there anything in your child’s past or current medical history (behavior, physical, emotional) which the school or teacher should be made aware

Yes _____ No _____ Please explain: _____

I Do Hereby Authorize Emergency Medical Care:

Signature of Parent or Legal Guardian Date