

**2021-2022 PDO** ages 12m-36m



**2021-2022 Pre-K** ages 3 yr-5 yrs

\$125 Registration Fee

- \_\_\_\_\_ Monday
- \_\_\_\_\_ Tuesday
- \_\_\_\_\_ Wednesday
- \_\_\_\_\_ Thursday

\$125 Registration Fee

- \_\_\_\_\_ Monday/Wednesday
- \_\_\_\_\_ Tuesday/Thursday
- \_\_\_\_\_ Tuesday/Wednesday/Thursday
- \_\_\_\_\_ Monday thru Thursday (4 days)

**\*\*Office use only: Date \_\_\_\_\_ No. \_\_\_\_\_ Cash/Check # \_\_\_\_\_**

**JUDSON BAPTIST CHURCH 4900 Franklin Pike Road Nashville, TN 37220 615.832.4131**

Full Name of Child \_\_\_\_\_ Gender M \_\_\_\_\_ F \_\_\_\_\_

Child's Birthdate \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Preferred name to be called at school? \_\_\_\_\_

Attends Church (Y/N) \_\_\_\_\_ Where? \_\_\_\_\_

Parents/Guardians:

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Where Employed \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Where Employed \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

Transportation Release Plan: For your child's safety, list the adults authorized to provide transportation for the child or adults to whom your child may be released.

\_\_\_\_\_  
\_\_\_\_\_

Emergency Information: Name of persons, other than program director, authorized to act for parent in case of an emergency.

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Name of Physician \_\_\_\_\_ Address \_\_\_\_\_ Office Phone \_\_\_\_\_

I Do Hereby Authorize Emergency Medical Care: \_\_\_\_\_

Signature of Parent or Legal Guardian

Date

**Personal Information:**

Other Children in the Family: Names and Ages \_\_\_\_\_

Eating Habits: At what time does the child eat breakfast? \_\_\_\_\_

Between meal snacks? \_\_\_\_\_ What is child's general attitude towards eating? \_\_\_\_\_

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

Food allergies? \_\_\_\_\_ EpiPen? \_\_\_\_\_

Any allergies other than food allergies, conditions requiring an inhaler, special needs conditions or medical conditions we need to know about or any other information we should know about your child?

Sleep Habits: Has room alone? \_\_\_\_\_ Share with other children? \_\_\_\_\_ Rooms with parents? \_\_\_\_\_

At night sleeps from \_\_\_\_\_ to \_\_\_\_\_ Average hours \_\_\_\_\_ Attitude towards going to bed? \_\_\_\_\_

Naps from \_\_\_\_\_ to \_\_\_\_\_ Average hours \_\_\_\_\_ Attitude towards going to bed \_\_\_\_\_

Bathroom Habits: Check one: In Diapers or Pull-ups \_\_\_\_\_ Beginning to Potty Train \_\_\_\_\_ 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? \_\_\_\_\_ Instinctively? \_\_\_\_\_ Not at all? \_\_\_\_\_

Does anyone read to child? \_\_\_\_\_ How regularly? \_\_\_\_\_

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

Discipline: What type of discipline is used at home? \_\_\_\_\_

**Circle appropriate description of your child:**

(active quiet) (thin average weight heavy) (short average height tall) (friendly unfriendly) (shy outgoing)

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

I have been advised and understand that the Parent's Day Out Program of Judson Baptist Weekday Ministries is not licensed and is not required to be licensed by the state as a childcare agency.

\_\_\_\_\_  
Signature of Parent, Custodian or Guardian

\_\_\_\_\_  
Date