Judson Weekday – 2026-2027 School Year

Judson Baptist Church 4900 Franklin Pike Nashville, TN 37220 615.832.4131

Office use only: Date_____ No._____ Cash/Check# _____Amt. _____ Tour Date _____

$140 Registration & Supply Fee
PDO Birthdate: One by August 15, 2026
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. ____

After Care is available **ONLY** for **PDO students who are fully toilet trained**. Please select your preferences: (only 5 spots available)

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

$140 Registration & Supply Fee
Pre-K Birthdate: Three by August 15, 2026
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 _____

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

Email _____

Address _____ City _____ Zip _____ Home Phone _____

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

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 _____

Additional authorized persons to pick up your child:

Name_____ Relationship _____ Cell _____

Name_____ Relationship _____ Cell _____

Name_____ Relationship _____ Cell _____

Name_____ Relationship _____ Cell _____

Medical and Emergency Information

Contact Information:

Parent/Guardian First Name:_____ Parent/Guardian Last Name:_____

Email Address:_____ Mobile Phone:_____

Child Name:_____ Date of Birth: _____

Physician Name:_____Address:_____Phone:_____

Insurance Provider:_____ Policy Holder Name:_____

Policy #:_____ Group #:_____ID #:_____

I Do Hereby Authorize Emergency Medical Care For My Child:

_____ _____

Signature of Parent or Legal Guardian Required Date

Medical Information:

Does your child have any known allergies? Yes ☐ No ☐ Explain: _____

Does your child require an EpiPen? Yes ☐ No ☐ If Yes, Judson Weekday will **require** two EpiPens in their original box including prescription and physicians Action Plan for administering medication. Explain: _____

Does your child take any medication on a regular basis? Yes ☐ No ☐ Explain: _____

Does your child require an inhaler? Explain: _____

Has your child had any surgeries? Yes ☐ No ☐ Explain: _____

Has your child ever been treated professionally or are they currently receiving care for medical, behavioral, or psychological reasons (Speech Therapy, Occupational Therapy, Physical Therapy, or Behavioral Therapy etc.? Yes ☐ No ☐

Explain:_____

Has your child been diagnosed with a disability or special need? Yes ☐ No ☐

Explain:_____

Is there anything about you child which the school or teacher should be made aware of? Yes ☐ No ☐

Explain:_____

General Development

Personal Information:

Siblings: Names and Ages_____

What is the primary language spoken in your home?_____

Please list any previous school that your child has attended_____

Sleeping Habits:

Does your child take a daytime nap? Yes ☐ No ☐

Does your child resist naps? Yes ☐ No ☐

What is your child's typical bedtime?_____

Eating Habits:

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

Does your child eat breakfast? Yes ☐ No ☐

Is your child a picky eater? Yes ☐ No ☐

Please list any foods your child should not eat at school:_____

Toilet Habits:

Is your child: In diapers or pull ups? Yes ☐ No ☐ Beginning Potty Training? Yes ☐ No ☐ Fully Potty Trained? Yes ☐ No ☐

Is your child able to communicate his/her potty needs? Yes ☐ No ☐

Emotional/Behavioral Habits:

Does your child have any fears?_____

What is your child's reaction to strangers?_____

Does your child cry easily? Yes □ No □ Why?_____

What usually calms your child when they are upset?_____

Is it easy for your child to be separated from either parent? Yes □ No □ _____

What methods of discipline do you use at home?_____

List any behavior habits such as biting nails, sucking fingers, tantrums, biting others, stammering, etc._____

_____

Social Habits:

Does your child play well with others? Yes □ No □

Is it hard for your child to take turns? Yes □ No □

Does your child play well by him/herself? Yes □ No □

Does your child help with small household tasks? Yes □ No □

List any of your child's special interests?_____

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.

_____ _____

Signature of Parent or Legal Guardian Required Date

Enrollment and Tuition Agreement for Judson Weekday

I have read and agree to the printed policies of Judson Weekday's Parent Handbook and will cooperate with the school for the development of my child. I have reviewed a copy of the Summary of Licensing Requirements for Child Care Centers, issued by the Tennessee Department of Human Services. I have completed a tour of Judson Weekday facility.

I understand that all Judson Weekday tuition and fees are non-refundable. I will regularly pay the tuition through Procare Tuition Express as stipulated in the Parent Handbook. Tuition must be kept current. If payments are more than 15 days late, a payment schedule must be arranged. If the scheduled payments are not met, the child may no longer attend Judson Weekday.

I will notify the school in writing one month in advance before withdrawing my child from the school for any purpose. I understand that if I do not notify the school 30 days in advance and my child attends a portion of the month, the full month's tuition must be paid.

_____ I have read and agree with the above statements.

_____ _____

Signature of Parent or Legal Guardian Required Date