

# 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 August 15, 2024 – August 16, 2022

If choosing 1 day, mark your 1<sup>st</sup> and 2<sup>nd</sup> preference:

Mon. \_\_\_\_ Tues. \_\_\_\_ Wed. \_\_\_\_ Thurs. \_\_\_\_

If choosing 2 days, mark your 1<sup>st</sup> and 2<sup>nd</sup> 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 August 15, 2022 – August 16, 2019

Please mark your 1<sup>st</sup> and 2<sup>nd</sup> 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 Procure 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