

2020-2021 PDO

\$125 Registration Fee
____ Monday
____ Tuesday
____ Wednesday
____ Thursday



2020-2021 Pre-K

\$125 Registration Fee
____ Monday/Wednesday
____ Tuesday/Thursday
____ Tuesday/Wednesday/Thursday
____ Monday thru Thursday (4 days)

****Primary E-Mail Address** _____

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

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

Child's Birthdate _____ Preferred name to be called at school? _____

Attends Sunday School (Y/N)? _____ Where? _____

Parents/Guardians:

Mother's Name _____ Cell Phone _____

Address _____ City _____ Zip _____ Home Phone _____

Where Employed _____ Work Phone _____ Work Hours _____

Attends Church (Y/N)? _____ Where? _____

Father's Name _____ Cell Phone _____

Address _____ City _____ Zip _____ Home Phone _____

Where Employed _____ Work Phone _____ Work Hours _____

Attends Church (Y/N)? _____ Where? _____

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 _____ Cell # _____ Home # _____ Work # _____

Name _____ Address _____ Cell # _____ Home # _____ 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? _____

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)

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?

*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