



ST. BARTHOLOMEW'S  
PRESCHOOL & PDO  
— ✕ —

## **Application for Enrollment**

4800 Belmont Park Terrace, Nashville TN 37215  
phone: 615.373.4633 e-mail: stbspreschool@stbs.net  
fax: 615.953.3039

### **PLEASE CHECK ONE:**

\_\_\_\_\_ Current church family  
\_\_\_\_\_ Alumnae family  
\_\_\_\_\_ Non-church family

### **FOR OFFICE USE ONLY:**

Date Rec'd \_\_\_\_\_  
Application Fee Paid \_\_\_\_\_  
Pre-Placement Date \_\_\_\_\_

### **I. Child Enrollment Record**

Child's Name \_\_\_\_\_ Name Used \_\_\_\_\_ Sex \_\_\_M\_\_\_F  
(First) (Last)

Date of Birth \_\_\_\_\_ Present  
(Month/day/year) Age \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Has your child had previous nursery school experience? \_\_\_ Yes \_\_\_ No If so, where \_\_\_\_\_

### **II. FAMILY BACKGROUND**

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Employer \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Email: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please include Cell #'s & Emails, so we may contact you if we are unable to reach your home phone #.**

Marital status of Parents: Married \_\_\_\_\_ Separated \_\_\_\_\_  
Stepfather? \_\_\_\_\_ Stepmother? \_\_\_\_\_

Custody/Visiting Arrangements: \_\_\_\_\_  
If Child is adopted: Age at adoption \_\_\_\_\_ Does child know he/she is adopted? \_\_\_\_\_

Other children in family:

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

**In order to help us with placement, please list any other child for whom you are applying and the class and the days requested.**

### **III. SOCIAL RELATIONS**

Is this child accustomed to playing with other children? Yes \_\_\_ No \_\_\_  
If so, what age group? Older Younger Same

Is he/she uncomfortable with any of these age groups? Yes \_\_\_ No \_\_\_  
If so, what age group? Older Younger Same

Does he/she relate well with companions? \_\_\_\_\_

(over)

**application -- page 2**

What are his/her favorite activities: INDOORS \_\_\_\_\_  
OUTDOORS \_\_\_\_\_  
What is his/her attitude toward separation from parents? \_\_\_\_\_

**IV. EMOTIONAL AND PHYSICAL DEVELOPMENT: HEALTH**

Usual disposition \_\_\_\_\_ Any specific fears? \_\_\_\_\_

What do you do in a fearful situation? \_\_\_\_\_

Does this child have any specific physical limitation? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please elaborate \_\_\_\_\_

Does this child have any speech problems? \_\_\_\_\_

Is this child right \_\_\_\_\_ or left \_\_\_\_\_ handed? (If known)

Bathroom terminology: (for 1 and 2 year olds) Urination \_\_\_\_\_ BM \_\_\_\_\_

What means of discipline do you find most effective with your child? \_\_\_\_\_

**V. EMERGENCY INFORMATION**

Name of person/s authorized to act for parents in case of an emergency:

Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

**Please be certain that the above named person/s may legally act for you in the case of an emergency.**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

**Allergies** \_\_\_\_\_

Please explain reactions: \_\_\_\_\_

Do you give permission, in the event we are unable to reach you or one of the above named persons, for the Director or Assistant Director to obtain medical care for your child? yes \_\_\_\_\_ no \_\_\_\_\_

Which hospital do you prefer? Vanderbilt \_\_\_\_\_ St. Thomas Midtown \_\_\_\_\_ St. Thomas \_\_\_\_\_  
Centennial Children's \_\_\_\_\_ Other \_\_\_\_\_

Your private physician will be contacted prior to any care being administered.

I, the undersigned parent and legal guardian of the child named in the form, hereby make application to St. Bartholomew's Pre-School & M.D.O. and agree to abide by all school rules and policies.  
I have received a Summary of Licensing Requirements, if my child is enrolling in the Pre-School (3-5 yrs.)

Signed \_\_\_\_\_  
Relationship to Child \_\_\_\_\_