



Dear Preschool Parent,

Thank you for the interest you have expressed in our preschool program. We are excited about the prospect of ministering to you and your family through our preschool!

We offer a program for *full-time* (five days per week) students. Summer care is offered each summer and is available on a full-time basis. Please, designate which contract you would prefer (full year or school year only) when filling out your paperwork and when you are interested in your child starting. If you have immediate childcare needs, please call the preschool office as to what the availabilities are at present.

The decisions you make concerning your child's education are among some of the most important you will make as a parent. Our ministry at Metro is geared toward giving your child the best introduction to reading and math that is available. The other aspect of our program that we feel to be just as important is the spiritual emphasis. This emphasis is what distinguishes our preschool from secular preschools. We have the opportunity not only to teach academics, but to teach these precious children about a God who loves them and wants them to grow "in grace and in knowledge." Our spiritual training is done through daily Bible lessons, weekly chapel times, and the day-to-day teaching of right and wrong. If you are looking for a program that seeks academic excellence and godly training, please consider Metro Baptist Preschool.

Included in this packet are the forms needed to enroll your child in our preschool. *Subject to availability*, a slot in our preschool program is reserved for your child when:

- (1) a pre-enrollment tour is completed**
- (2) the enclosed paperwork is completed and submitted to the office**
- (3) the \$100 registration fee is paid**

Before your child may attend preschool, the office will also need:

- (1) a copy of your child's official birth certificate (not the mother's copy)**
- (2) State of TN Immunization Form (up-to-date shot record or religious exemption form)**

The TN immunization form can be obtained either at your child's doctor's office or through the health department. The immunization portion of the form must be completed and the box labeled "complete for childcare/pre-school" must be checked. If choosing religious exemption, we will need "Section 1A. Religious Exemption" completed on the TN immunization form with a yearly well check.

Thank you for your interest in our preschool and if we can be of any assistance, please give us a call. We would love to help you with your childcare/educational needs.

In His Service,

Cyndi Augustin, Preschool Director



METRO BAPTIST PRESCHOOL

(keep this page for future reference)

PAYMENT POLICY: Preschool payments will be drafted from the account listed on the autodraft form every week on Mondays. (unless the school year is paid in full) **There is not a reduction of weekly fees for weeks with holidays or preschool closings.** Any patron with an account that is delinquent will be expected to bring that account current or withdraw their child. We expect payment on time.

Weekly Rate: **\$206**

OPERATING HOURS – Our hours of operation are from 7:00 AM to 6:00 PM. The doors of the preschool are opened at 7:00 AM. Workers may be present before that time; however, morning duties do not allow them to supervise children before 7:00 AM. Morning drop off is between 7:00 AM to 8:30 AM. **Students will not be accepted after 9:00 AM** unless there is a doctor or dentist appointment from that morning, and you have notified the teacher ahead of time.

AFTER HOURS/LATE PICK UP: If your child is picked up between 6:00 PM to 6:30 PM, there will be a \$25 charge per quarter hour. At 6:30 PM, the charge doubles to \$50 per quarter hour. This will be drafted on your next tuition payment.

ILLNESS: The health of the children is of major importance to us. For this reason, no child should attend MBP with any of the following symptoms: Fever of 100° or higher (must be fever free without medication for 24-hours), signs of nausea, diarrhea, and/or vomiting, unexplained rash, or drainage from the eyes. Children with strep throat or “pink eye” must be on antibiotics for at least 24 hours before returning to class. In cases of head lice, we have a “nit free” policy. Once a case of head lice is reported, a head exam must be done in the school office before a student may return. We refer to the most up-to-date CDC recommendations in establishing our policies regarding Covid-19.

MOVIE POLICY: Metro Baptist Preschool will only show movies and videos that are G and PG rated on platforms such as Netflix, YouTube, or DVD.

VACATIONS: Each student has 5 “free” vacation days (8/3/26-7/30/27) and 5 “free” vacation days when preschool is closed 12/21/26-12/25/26. The child may not attend Metro Baptist Preschool during vacation days. There will be no fees for vacation days, as long as written notice is given on a vacation request form. Your account will be applied the vacation credit AFTER the vacation is taken. **Forms submitted after vacations will not be honored.**

SICK WEEK:

The weekly tuition will be reduced by 50% when children are absent 5 full, consecutive school days due to illness. A doctor's excuse must be sent to the school office in order for this discount to be applied to your account.

PARENTAL DISCIPLINE INFORMATION/PERMISSION: Metro Baptist Ministries believe that proper discipline is necessary for the welfare of the student as well as the entire preschool. We are committed to maintaining discipline and godly standards for all students who are in our care. However, we believe the ultimate responsibility of a child's discipline belongs to their family. Because attendance at Metro Baptist Preschool is a privilege and not a right, any student who does not conform to the standards and regulations of the preschool may forfeit the privilege to attend MBP. The preschool may request withdrawal of any student at any time, when in the opinion of the administration that student does not fit the spirit of the preschool ministry. The following are examples (but not all inclusive) of reasons a child would be dismissed from our preschool: 1. Severe discipline problems, after which multiple attempts and techniques by MBP staff to help the child improve are not successful. 2. A child that bites repeatedly even after discipline has been administered by the parents. 3. A child whose parents are repeatedly unwilling or unable to come to the preschool to deal with their child's behavior or who does not support the preschool by reinforcing acceptable behavior with their child when there have been problems at school. 4. A child whose behavior repeatedly interrupts the classroom teaching so that other students in their class are unable to learn. 5. A child that intentionally and repeatedly harms their classmates or teacher. 6. Non-payment of the preschool tuition for an extended period of time (See financial agreement sheet). When making decisions concerning discipline problems, the welfare of all the students and families in our program takes precedence over the need of one student.

TERMINATION NOTICE: Two weeks advance written notice is required to withdraw your child. Please let the office know as soon as possible of a decision to not attend our preschool.

For any other questions about school policies, contact the school office or view our parent handbook located on our website.

Phone: 615.859.1184 ext.120

Email: metro@mca eagles.com

Fax: 615.859.5562

Website: mca eagles.com

Metro Baptist Preschool, a ministry of Metro Baptist Church, exists to co-labor with parents to provide a balanced educational experience with a Christian worldview.



OFFICE USE ONLY	
Date App. Rec'd: _____	
Reg. Fee: _____	Pmt: _____
Class Fees: _____	Pmt: _____
Start Date: _____	Withdrawal Date: _____
Tour Date: _____	
Birth Cert: Yes or No	Shot Record: Yes or No
Application 1: _____	Admissions 5: _____
Tuition Resp 2: _____	Transportation 6: _____
ACH 3: _____	Health History 7: _____
Voided Check: _____	Health History 8: _____
Medical Release 4: _____	
Nap Mat Needed: Yes or No	
Date Paid: _____	Date Received: _____

Date of Application ____/____/____

Applying for (circle): **K3** (3 by August 15th) **K4** (4 by August 15th)

I would like my child to start (circle): **Summer 2026** **Fall 2026** Other Date: _____

Student Information

Last Name: _____ First: _____ Middle: _____ Date of birth: ____/____/____
Month Day Year

Goes by: _____ Gender: ____M____F Ethnicity: _____ U.S. Citizen: Yes No (If no, immigration status card is required to be on file in the office)

Social Security #: _____ Medical Allergies: _____

Street Address where the child resides: _____

City: _____ State: _____ Zip: _____ County: _____

Family Information

Father:

Last Name: _____ First: _____ Lives with child? Yes or No

Primary Phone: _____ Email: _____

Mother:

Last Name: _____ First: _____ Lives with child? Yes or No

Primary Phone: _____ Email: _____

Who is the legal guardian of the student? _____ If there is a parenting plan, please list the information that would apply to pick-up and drop-off on the transportation plan. A copy of the court papers must be on file for us to enforce the plan. Metro Baptist Preschool **will not** enforce restrictions on a parent or legal guardian without current court papers provided.

Sibling (s) (1.) _____ Age _____ Grade _____ At Metro? Y or N

(2.) _____ Age _____ Grade _____ At Metro? Y or N

Church Attending: _____ Pastor: _____

State any chronic health, emotional or physical problem the student may have: _____

Please list any other preschools or day care centers your child has attended and why you changed centers: _____

Have you ever been asked to un-enroll your child from childcare? Yes / No If yes, for what reason? _____

How did you hear about Metro Baptist Preschool? If a Metro family referred you to us, please name them on the space provided below. We would like to thank them. _____

Acknowledgment of Tuition Responsibility

1) REGISTRATION FEE (non-refundable) This fee must accompany the completed application. Paid annually.
\$100 New Students and Re-Enrolling Preschool Students

2) CLASSROOM FEES (non-refundable) Due 8/1/2026 or upon enrollment	Special Activities/Shirt Fee	\$50	Annually
	Book Fee	\$90	Annually
	Supplies	\$50	Annually
	Nap Mat (<i>if needed</i>)	+\$35	Annually
	Classroom Fees Total	\$225	

3) TUITION-CONTRACT “A” or “B” – Check the box of the contract you would prefer.

\$206 Weekly Rate (drafted on Mondays weekly) Both contract options include: Monday to Friday care from 7:00am–6:00pm.

☐ **Contract A: Full Year including Summer 2027: August 3, 2026 to July 30, 2027**

☐ **Contract B: School Year Only: August 3, 2026 to May 21, 2027**

4) DISCOUNTS

Metro Baptist Preschool does not offer discounts.

5) HOT LUNCH and TWO DAILY SNACKS - included in the above tuition

WEEKLY TUITION FEES WILL NOT CHANGE FOR DAYS WE ARE CLOSED!

PAYMENT POLICY: Preschool families must register for weekly auto-draft payments and keep the account current. If your auto-draft is declined due to insufficient funds, we will automatically draft two weeks of care plus the \$35.00 NSF fee the following Monday. If the second draft is declined, we will automatically draft three weeks of care plus the NSF fees the following Monday. If the account is not brought current, your student will be asked to withdraw. **Exception:** If you would like to pay the year in full (40 weeks – does not include summer care), you may do so with a cash, check, or card payment by August 3, 2026.

AFTER HOURS/LATE PICK UP: If your child is picked up between 6:00pm - 6:30pm, there will be a \$25 charge per quarter hour. At 6:30pm, the charge doubles to \$50 per quarter hour. This amount will be added to your next scheduled tuition draft.

VACATIONS AND SICK WEEK: VACATIONS – Each student has 5 “free” vacation days (8/3/26 - 7/30/27) and 5 “free” vacation days when preschool is closed 12/21/26- 12/25/26. The child may not attend Metro Baptist Preschool during vacation days. There will be no fees for vacation days, as long as written notice is given on a vacation request form. Your account will be applied the vacation credit AFTER the vacation is taken. **Forms submitted after vacations will not be honored.**

SICK WEEK – The weekly tuition will be reduced by 50% when a child is absent 5 full, consecutive school days due to illness. A doctor’s excuse must be sent to the school office in order for this discount to be applied to your account.

GENERAL POLICIES

GENERAL PAYMENT POLICIES: There is not a reduction of weekly charges for weeks with holidays or preschool closings with the exception of 12/21/26-12/25/26 closure. Any patron with an account that is delinquent will be expected to bring that account current or withdraw their child. Please do not ask us to “hold” the weekly draft for you. We expect payment on time. We are a full-time preschool. We cannot “hold spots” over the summer or during the school year. In order to keep your child enrolled, the weekly tuition must be paid no matter what days your child is present.

SUMMER CARE FOR CONTRACT “B” STUDENTS: Summer care is planned for “full-year” students. If you need summer care for your “school-year only” student, notify the office by February 15, 2027, and you will be given an opening according to availability.

TERMINATION NOTICE: Two weeks advance written notice is required to withdraw your child. Please let the office know as soon as possible of a decision to not attend our preschool.

I/WE HEREBY ACKNOWLEDGE THAT I/WE HAVE READ METRO BAPTIST PRESCHOOL’S TUITION POLICY AND ACCEPT MY/OUR RESPONSIBILITY TO KEEP MY/OUR ACCOUNT UP TO DATE.

I AGREE TO PAY THE SERVICE FEE OF \$35.00 IN THE EVENT MY DRAFT OR CHECK IS RETURNED TO THE PRESCHOOL BY MY BANK FOR INSUFFICIENT FUNDS.

I UNDERSTAND MY ACCOUNT MUST BE CLEARED BEFORE ANY PRESCHOOL RECORDS WILL BE FORWARDED.

I AGREE TO BE RESPONSIBLE FOR ANY AND ALL COLLECTION FEES WHICH METRO BAPTIST PRESCHOOL MAY INCUR UPON MY FAILURE TO PAY MY ACCOUNT.

PLEASE
INITIAL

Child’s Name (Please Print)

Parent/Guardian (Please Print)

Parent’s Signature

Date

Parent’s Social Security #

Parent’s Email Address

Billing Name(s) and Address (Persons responsible for paying the bill)

Metro Baptist Preschool Automatic Withdrawal Form (ACH)

Student Name: _____ Parent(s) Name: _____

☐

YES,

enroll me in Metro Baptist Preschool's ACH (auto bank draft) program. Drafts will settle weekly on Mondays, with an initiation date up to two business days prior. Payment cannot be stopped once the draft is initiated. \$206 drafted weekly.

☐

NO,

I plan to pay in full with cash, check, or card (extra 3% fee with debit/credit card.)

I would like to pay: _____ ONE payment due 8/3/26 (40 weeks: \$8,240)

_____ TWO payments due 8/3/26 and 12/28/26 (20 weeks: \$4,120).

These amounts do not include summer care.

Completion of the bottom portion is required to enroll in automatic payments.

Authorization Agreement of Pre-Authorized Payments

I (we) hereby authorize Metro Baptist Church/Metro Baptist Preschool to initiate a debit (or credit) entry to my checking account indicated below.

Parent Name (as shown on bank account): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Routing #: _____ Account #: _____

*** Any late pick-up or additional fees will be automatically drafted the following Monday. ***

This authority is to remain in full force and effect until MBP/MBC has received written notification from me (or either of us) of its termination. This termination notification must be received **10 days prior** to the next scheduled withdraw date. We must also receive the 10-day notice if changing accounts.

DATE: _____

If second signature is required:

NAME: _____
(please print)

NAME: _____
(please print)

SIGNED: _____

SIGNED: _____

ATTACH A VOIDED CHECK HERE

or a bank document showing the billing name, routing, and account number

Medical Release for Emergency Situations

To Whom It May Concern:

As a parent and/or guardian, I do herewith authorize Metro Baptist Preschool and their representatives to secure any medical treatment necessary, that if delayed may endanger my child's life, cause disfigurement, physical impairment, or undue discomfort. I will in no way hold the above mentioned or Metro Baptist Church and/or Ministries responsible for care sought in the event of an accident that has harmed my child. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Name of Minor Child: _____ Date of Birth: _____

Address: _____ Home Phone #: _____

Number the boxes in the order you want to be contacted in an emergency.

☐ Father: _____
Name Employer Work # Cell #

☐ Mother: _____
Name Employer Work # Cell #

☐ Other: _____
Name Relationship Contact number

In the event of an emergency and those on this list cannot be reached, what action should be taken?

☐ Call EMS & take to closest hospital (Skyline) ☐ Use preferred hospital (name): _____

Food Allergies: _____ Medical Conditions: _____

Medication Presently Taking: _____ Child's Doctor: _____

Child's S. S. #: _____ Child's Dentist: _____

Insurance Co: _____ Policy #: _____ Group #: _____

Authorized Signature: _____ Relationship _____
(Parent or Legal Guardian)

Notarized by: _____
(Notary Available through School Office)

Expiration Date: _____

Today's Date: _____

Admission Agreement

STATE APPROVAL – Metro Baptist Preschool is approved through the Tennessee Department of Education in cooperation with the Tennessee Association of Christian Schools. Metro Baptist Preschool meets the standards outlined in the Summary of Child Care Approval Requirements of the Tennessee Department of Education. A copy of the summary is included in this admission packet folder. **Your initials in the box beside this section verifies that you have received the list of requirements and are aware of the standards that are required of Metro Baptist Preschool.**

Initial

ADMISSION REQUIREMENTS & PRESCHOOL POLICIES – Metro Baptist Preschool is open to children from three years old by August 15 to five years old. Non-discrimination Policy: Metro Baptist Preschool, a ministry of Metro Baptist Church, admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to all students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, and other preschool-administered programs.

TOILETING POLICY – All children are required to be toilet-trained and able to use the bathroom independently. Children must be ready for group involvement and be able to function in the classroom at a level similar to other children their own age. Children should be healthy and free of contagious disease each day that they attend preschool. The specific policies of our preschool are covered in our Preschool Handbook located on our website. **Your initials in the box beside this section verifies that you have received a copy of these policies, you understand and are willing to support the school by abiding by the policies in the manual.**

Initial

PRE-ENROLLMENT TOUR OF THE FACILITIES – The state requires that a tour of the preschool facilities be done prior to admission. This can be set up at the time the paperwork is turned in for enrollment, the day of school orientation, or any time before enrollment, upon the request of the parent or guardian. **Your initials in the box beside this section verifies that you have had a tour of our facilities.**

Initial

ADULT ESCORT – All preschool children must be signed in and escorted by an adult to the area or classroom where their age group is located. The only people authorized to pick up your child are the adults on the transportation plan. Photo ID should accompany all those that are picking up children. The person picking up the child must sign the child out using the individually assigned PIN. No minor children may come to pick up a child.

STATE REQUIRED ADMISSION FORMS – The state requires that all admission forms be completed and submitted before a child can be allowed to attend Metro Baptist Preschool. This includes a copy of your child's **birth certificate** and a current **Tennessee Child Health Record**. The health/immunization form can be obtained either at the Health Department or at a Tennessee Pediatrician's office. If you have recently moved to Tennessee you will have to take your existing shot records to a Tennessee Pediatrician or to the Health Department and have those records transferred to the Tennessee form. A physical is not required for immunized students to enter preschool. (If you choose not to vaccinate, a statement from a doctor that your child is disease free is required annually.)

OPERATING HOURS – Our hours of operation are from 7:00 AM to 6:00 PM. The doors of the preschool are opened at 7:00 AM. Workers may be present before that time; however, morning duties do not allow them to supervise children before 7:00 AM. Classes begin at 8:30 AM. **Students will not be accepted after 9:00 AM** unless there is a doctor or dentist appointment from that morning, and you have notified the teacher ahead of time.

PARENTAL DISCIPLINE INFORMATION/PERMISSION – Metro Baptist Ministries believe that proper discipline is necessary for the welfare of the student as well as the entire preschool. We are committed to maintaining discipline and godly standards for all students who are in our care. However, we believe the ultimate responsibility of a child's discipline belongs to their family. Because attendance at Metro Baptist Preschool is a privilege and not a right, any student who does not conform to the standards and regulations of the preschool may forfeit the privilege to attend MBP. The preschool may request withdrawal of any student at any time, when in the opinion of the administration that student does not fit the spirit of the preschool ministry. The following are examples (but not all inclusive) of reasons a child would be dismissed from our preschool: 1. Severe discipline problems, after which multiple attempts and techniques by MBP staff to help the child improve are not successful. 2. A child that bites repeatedly even after discipline has been administered by the parents. 3. A child whose parents are repeatedly unwilling or unable to come to the preschool to deal with their child's behavior or who does not support the preschool by reinforcing acceptable behavior with their child when there have been problems at school. 4. A child whose behavior repeatedly interrupts the classroom teaching so that other students in their class are unable to learn. 5. A child that intentionally and repeatedly harms their classmates or teacher. 6. Non-payment of the preschool tuition for an extended period of time (See financial agreement sheet). When making decisions concerning discipline problems, the welfare of all students and families in our program takes precedence over the needs of one student.

I give the principal and teachers of Metro Baptist Ministries permission to use reasonable classroom discipline. I understand that Metro Baptist Preschool does not administer corporal punishment; however, I/we (the parent or guardian) am/are willing to come to the preschool to deal with my/our child if all avenues of classroom discipline have been unsuccessful. I understand that if the preschool administration feels that all avenues of discipline have been pursued and my child's behavior continues to be a major disruption in the classroom, I will be asked to withdraw my child from the preschool.

Initial
Initial

PHOTOGRAPHS - I agree to allow photographs of my child taken while at the preschool to be used for preschool and MCA advertising purposes. I understand that this may include social media such as Facebook or Instagram.

Initial

CONSENT - I hereby authorize you to make whatever inquiries you deem necessary to process this application; including but not limited to contacting former preschools. I have read and understand the above sections of the Admissions Agreement. I understand that my signature shows that I agree to support the preschool policies, and I have disclosed any and all information the preschool may need to help my child succeed.

Date: _____

Father: _____

Mother: _____

Transportation Plan

Please complete in Blue or Black ink only.

Child's Name: _____
Last First Middle Date of Birth

Legal Custody Cases and Pick-Up Restrictions

Please, be aware that in the case of legal divorce or custody issues, we **must** have a copy of the legal custody papers and parenting plan in the child's file in order to enforce them. Please, indicate in the following blanks any parent, relative, or other adult that may **NOT** pick up your child per these documents.

Person(s) prohibited from picking up child: _____

ADMIN ONLY: Is the legal documentation provided to us? Yes ___ No ___ **Admin Initials:** _____

If there is joint custody or a visitation plan, please explain the arrangement in relation to pick-up:

Metro Baptist Preschool requires parents to have on file, for each child at the school, a list designating adults allowed to pick up your child. No minors will be allowed to pick up a child from our care (excluding siblings). This list will be used to verify who may and may not be allowed to pick up your child from the school. Persons on the transportation list that pick up a child may be required to show a Photo ID. In an emergency, a note signed by a custodial parent that designates someone other than the persons listed on the transportation form to pick up a child will be accepted.

Please Note: If an MBP or MCA employee feels that the person who comes to pick up may place the child(ren) at risk, we will notify someone else on the pick-up list and wait until that person comes to safely pick up the child(ren). (Example: If a parent appears intoxicated and is driving the vehicle the child(ren) is to leave in, the child(ren) will be held until other pick-up arrangements are made.)

Please include both parents' names when applicable.

Name Please include parent name(s)	Relationship to Student	Check one of these 3 columns			Phone Number
		At any Time	Only with Permission	Per Visitation Plan	
1.	father				
2.	mother				
3.					
4.					
5.					
6.					
7.					
8.					

I designate the above adults to pick up my child. _____
Parent's Signature Required Date

ALL CHANGES MUST BE MADE IN PERSON ON THE ORIGINAL TRANSPORTATION PLAN IN THE OFFICE.

Health History for Teachers

Child's Name:

Last

First

Middle

Date of Birth

Goes By

What name you want them to write in class

Developmental History

Walked at: _____ mo. Talked at: _____ mo. Toilet Trained at: _____ mo.

Do you feel your child's speech is average, above average or below average? _____

Do you feel or has a doctor diagnosed your child as having a speech delay or disorder? Yes ___ No ___

Comments on any of the above questions or about your child's development: _____

Medical History

List your child's allergies and current medical conditions or indicate none.

Medical Allergies	Medical Conditions	Symptoms which aggravate condition

Medications taken regularly.

Name of Medication	Dosage	Possible Side Effects

** The health of the children is of major importance to us. For this reason, no child should attend MBP with any of the following symptoms: Fever of 100° or higher (must be fever free without medication for 24-hours), signs of nausea, diarrhea, and/or vomiting, unexplained rash, or drainage from the eyes. Children with strep throat or "pink eye" must be on antibiotics for at least 24 hours before returning to class. In cases of head lice, we have a "nit free" policy. Once a case of head lice is reported, a head exam must be done in the school office before a student may return. We refer to the most up-to-date CDC recommendations in establishing our policies regarding Covid-19.

Please check yes or no for the following questions:

Were there any problems with your pregnancy or the birth of your child? Yes ___ No ___

Was your child delivered more than 2 weeks pre-mature? Yes ___ No ___

Was your child's birth weight less than 5 pounds? Yes ___ No ___

Has your child ever stayed in the hospital overnight? Yes ___ No ___ Explain: _____

Does your child exhibit any of the following frequently?

Head colds? Yes ___ No ___ Sore throat? Yes ___ No ___ Runny nose? Yes ___ No ___

Has a doctor ever diagnosed your child as having asthma or wheezing? Yes ___ No ___

Has your child ever had a bumpy reaction to a TB skin test? Yes ___ No ___

Has your child ever been around someone with tuberculosis? Yes ___ No ___

Approximately how many ear infections per year does your child have? _____

Does your child have tubes in their ears? Yes ___ No ___

Do you feel or has a doctor diagnosed your child as having any type of vision problem? Yes ___ No ___

Do you feel or has a doctor diagnosed your child as having hearing loss or hearing problems? Yes ___ No ___

Has your child ever had an allergic reaction to food, medicine, bug bites or shots? Yes ___ No ___

If yes to the above, what type of reaction did the child have? _____

Has your child ever had a bladder or a kidney infection? Yes ___ No ___

Have you ever been told that your child had a heart murmur or any type of heart problem? Yes ___ No ___

If yes to the above question, what kind of heart problem? _____

Has your child ever had a seizure? Yes ___ No ___ If yes, what type of seizure did the child have? (Please describe) _____

If your child does have seizures, how many seizures has your child had in the last year? _____ Last 6 mos.? _____

Does your child have any problems with their blood clotting after getting a cut? Yes ___ No ___

Is your child under the regular supervision of a physician? (more than routine check-ups) Yes ___ No ___

If yes, for what condition? _____

When was your child's last regular check-up? _____

Please use the following space to evaluate your child's overall health for us or state any medical condition that we need to be made aware of: _____

Health History for Teachers (continued)

Child's Name: _____
Last First Middle

Daily Routines:

What is the usual bedtime for your child? _____ What time does your child get up in the morning? _____

Does your child sleep well or wake up frequently? _____

How many hours of sleep per night does your child require to function normally? _____

Does your child normally take a nap during the day? _____ When? _____ For how long? _____

Does your child have any special routines or special items associated with going to sleep? _____

Toilet Habits:

Do you take your child to the restroom at set times? _____ If yes, what times? _____

Does your child have a bowel movement at regular times? _____ If yes, when? _____

Does your child ever have problems with constipation? _____ If yes, how is this remedied? _____

Does your child tell you when they need to go to the toilet or do they wait for you to ask? _____

Can your child go to the toilet on their own or do they require help? _____

What word does your child use for urinating? _____ Bowel movements? _____

Eating Habits:

At what time does your child eat breakfast? _____ Lunch? _____ Supper? _____

Does your child usually have snacks between meals? _____ When? _____

Favorite foods? _____

Disliked foods? _____

Food allergies? _____

Reaction to watch for? _____

Steps to take to address reaction? _____

Play Habits:

Does your child like to play with other children or would they rather play by themselves? _____

Does your child get along well with other children? _____

Would you categorize your child as a leader or a follower? _____

What are some of your child's favorite things to play at home? _____

Does your child enjoy books and being read to? _____

Does your child prefer active or quiet play? _____

Administration of Medications at Metro Baptist Preschool:

All personal medications given to children at MBP must be in their original containers and have a medication request form filled out by the parent. Pharmacies will give two containers upon request.

Does MBP have permission to administer sunscreen you provide to your child if necessary? Yes ___ No ___

Does MBP have permission to administer alternate sunscreen should yours not be available? Yes ___ No ___

In the event your student becomes ill, please list in order who we should call:

Name/Relationship: _____ Cell #: _____ Work #: _____

Name/Relationship: _____ Cell #: _____ Work #: _____

Name/Relationship: _____ Cell #: _____ Work #: _____

Name/Relationship: _____ Cell #: _____ Work #: _____

General Information:

Does your child have any special problems or fears? _____

Is there any other information about your child that you feel we should know? _____

Parent Signature

Date