

East Brainerd Preschool  
East Brainerd Church of Christ

2018-2019 Programs and Fee Schedule

**Following is information for the programs that will be offered:**

**4 and 5 year old program, 5 days/week**

(Children **must** be four years old by **August 15, 2018.**)

Monday – Friday, 9:30 – 2:00

\$380.00 per month (Sept. - May)

**4 and 5 year old program, 3 days/week**

(Children **must** be four years old by **August 15, 2018.**)

Monday, Wednesday and Friday, 9:30 – 2:00

Tuesday, Thursday and Friday, 9:30 – 2:00

\$285.00 per month (Sept. – May)

**3 year old program, 2 days/week**

(Children **must** be three years old by **August 15, 2018 and potty trained.**)

Tuesday and Thursday, 9:30 – 2:00

Monday and Wednesday, 9:30 – 2:00

\$230.00 per month (Sept. – May)

**Registration Fee**

\$50.00 (Non-refundable)

**EAST BRAINERD PRESCHOOL**  
7745 East Brainerd Road  
Chattanooga, TN 37421  
**APPLICATION FOR ADMISSION**  
2018-2019

Date of application: \_\_\_\_\_

Program: 3 year old, Tuesday/Thursday  
3 year old, Monday/Wednesday  
4/5 year old, Monday/Wednesday/Friday  
4/5 year old, Tuesday/Thursday/Friday  
4/5 year old, Monday – Friday

Full name of child \_\_\_\_\_  
(first, middle, last)

Preferred name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Birth date (mm/dd/yy) \_\_\_\_\_

Sex of child? M/F

**Parent/Guardian Information**

Mother's name \_\_\_\_\_

Father's name \_\_\_\_\_

Address \_\_\_\_\_  
(if different from child's; include city, state, zip)

Address \_\_\_\_\_  
(if different; include city, state, zip)

Primary phone \_\_\_\_\_

Primary phone \_\_\_\_\_

Email address \_\_\_\_\_

Email address \_\_\_\_\_

**Background Information**

List people (other than mother and father) living in the home with your child:

Name	Age	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____

What does your child enjoy playing at home? \_\_\_\_\_

Does he/she interact well with other children? \_\_\_\_\_  
(Explain if necessary)

Describe your child:      active/quiet      friendly/shy      confident/hesitant

Please list dietary preference (ex. vegetarian). Please be specific: \_\_\_\_\_

Have you visited East Brainerd Preschool prior to enrolling your child? Yes/No

Family's home church: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**EAST BRAINERD PRESCHOOL  
EMERGENCY CONTACT INFORMATION**

Child's name \_\_\_\_\_ Date \_\_\_\_\_

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_

Cellular phone \_\_\_\_\_ Cellular phone \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_  
(include city, state, zip) (include city, state, zip)

Work phone \_\_\_\_\_ Work hours \_\_\_\_\_ Work phone \_\_\_\_\_ Work hours \_\_\_\_\_

**Emergency Information**

Name of person authorized to act for parent in an emergency including transportation: \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_  
(include city, state, zip)

Employer \_\_\_\_\_ Work phone \_\_\_\_\_ Work hours \_\_\_\_\_

Address \_\_\_\_\_ Cell phone \_\_\_\_\_  
(include city, state, zip)

**Transportation Plan**

To ensure the safety of your child, please list other adults to whom your child may be released or who are authorized to provide transportation for your child.

\_\_\_\_\_  
\_\_\_\_\_

To ensure the safety of your child, please list anyone who is denied permission to pick up your child.

\_\_\_\_\_  
\_\_\_\_\_

Additional information you would like the Preschool to know: \_\_\_\_\_  
\_\_\_\_\_

Signature of child's parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

## HEALTH HISTORY CHECKLIST

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

The following information is required to be in your child's record. Please circle the correct answer to the following questions. For any questions marked with an asterisk (\*) and answered yes, please list details on the back of this form. Thank you for your cooperation.

### Pregnancy and Birth

- Yes No 1) Was there any problem with pregnancy or child's birth?  
Yes No 2) Was his/her birth weight under 5 ½ pounds?  
Yes No 3)\* Did the baby have any problems in the hospital?  
Yes No 4) Was he/she born in the United States of America?

### Medical Problems

- Yes No 5) Has your child ever been hospitalized?  
Yes No 6)\* Has your child ever had surgery?  
Yes No 7)\* Does your child take any daily medications? If yes, please list on back of form.  
Yes No 8) Does your child have asthma, wheezing, or breathing problems?  
Yes No 9)\* Does your child have speech or hearing problems?  
Yes No 10) Has your child had more than two ear infections in a year?  
Yes No 11) Has your child had tonsillitis?  
Yes No 12) Does your child have any vision problems?  
Yes No 13) Has your child had a bladder or kidney infection?  
Yes No 14) Does he/she have burning when urinating?  
Yes No 15)\* Does he/she have seizures, fits, or shaking spells?  
Yes No 16) Does your child have a heart murmur?  
Yes No 17)\* Has your child ever had a bumpy, swollen reaction to a TB skin test?  
Yes No 18)\* Has your child ever been with anyone who has TB?  
Yes No 19)\* Is your child a hemophiliac (free bleeder)?  
Yes No 20)\* Is your child on a heart monitor?  
Yes No 21) Does your child have tubes in his/her ears?

### General Development

- Yes No 22) Is your child able to play as hard as other children?  
Yes No 23) Does your child get along well with other children?  
Yes No 24) Is he/she usually happy?  
Yes No 25)\* Does your child have any special problems not indicated above?  
Yes No 26) When did your child last see a doctor?

\_\_\_\_\_  
Month                      Year

List any and all allergies to food, medicines, insects, etc.

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\_\_\_\_\_  
Signature of child's parent or guardian

\_\_\_\_\_  
Date