

East Brainerd Preschool
East Brainerd Church of Christ

2019-2020 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**.)

Monday – Friday, 9:30 – 2:00

\$390.00 per month (Sept. - May)

4 and 5 year old program, 3 days/week

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

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

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

\$290.00 per month (Sept. – May)

3 year old program, 2 days/week

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

Tuesday and Thursday, 9:30 – 2:00

Monday and Wednesday, 9:30 – 2:00

\$235.00 per month (Sept. – May)

Registration Fee

\$50.00 (Non-refundable)

EAST BRAINERD PRESCHOOL
7745 East Brainerd Road
Chattanooga, TN 37421
APPLICATION FOR ADMISSION
2019-2020

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 and allergies). 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.

Signature of child's parent or guardian

Date