OFFICE USE ONLY
___Application Form
___Medical/Immunization
___ Pre-Enroll Intervie
___Influenza Notification
___Handbook Receipt
___Personal Safety

HIGHLAND BAPTIST CHURCH
CHILD DEVELOPMENT CENTER
808 W. Hickory
Tullahoma, TN 37388
(931)455-8642

CHILD'S FULL NAME_____**DOB**_____**SEX**_____

2024-2025 School Year

Check those that apply
FALL_____
SUMMER _____

Office Use Only:

Teacher - AM_____
- PM_____
Enrollment Date_____
Registration Paid_____ **$**_____
Date **Amount**
Charge –weekly_____ **monthly**_____
Approved by:_____
Withdrawal date:_____
Reason:_____

DAY CARE:(includes preschool)
6:45a.m. - 5:30p.m.
Three day (M, W, F)_____
Five day (M-F)_____

PRESCHOOL ONLY: *Not an option for summer*
7:45 a.m. - 11:15 a.m.
Five day (M-F) _____
Three day (M, W, F)_____

AUTHORIZATION NOTES:
I have received a summary of licensing requirements.

I give permission for my child to ride in a car/van for field trips with advanced notification. I understand that my child may be excluded from a field trip if his/her behavior compromises their safety or the safety of the group.

I give permission for my child to participate in any of the childcare activities and to use any of the equipment to include all indoor/outdoor toys, climbing structures, blocks, etc.

I do hereby authorize emergency medical treatment. I give permission for my child to be taken to the nearest medical care while parent(s) are being notified.

Signature of parent/guardian **Date**

APPLICATION FOR ADMISSION
Highland Baptist Child Development Center

NOTICE: Falsification of any information on the application could result in dismissal from the center.

Child's name _____ Home phone _____
Last First Middle
What does your child like to be called? _____ Birth date ____/____/____
Home address _____ Zip _____

PARENTS:
Natural ____ Adoptive ____ Married____ Single____ Divorced*____ Widowed____

MOTHER'S NAME _____ Maiden name _____
Address _____ **Cell/Home phone** _____
Employed by _____ **Work phone** _____

FATHER'S NAME _____
Address _____ **Cell/Home phone** _____
Employed by _____ **Work phone** _____

* If parents are divorced, which parent has custody _____
Does your child have visitation with his/her mother/father? _____
Stepfather's name _____ Stepmother's name _____

**If someone other than the parents are guardians for child, please complete:
Name of guardian _____ Relationship _____
Address _____ Cell phone _____
Employed by _____ Work phone _____

EMERGENCY INFORMATION:
List two people who can be called in an emergency, *if parents cannot be reached*:
Name _____ **Relationship** _____ **Home/Work** _____
Name _____ **Relationship** _____ **Home/Work** _____
Child's Physician _____ **Phone** _____
Another doctor ***if physician can't be reached*** _____ **Phone** _____

TRANSPORTATION PLAN:
Please list all persons (*other than parents*) authorized to pick up your child. We will not release your child to anyone you have not authorized. A photo ID will be required until we become familiar with the adult picking up the child. Written notification of changes MUST be received for your child to be released to anyone else. This is for the safety of your child. If there are any doubts, the center may call you to verify the release of your child. *Attach another sheet if you need to have more than three*.

NAME Relationship Phone

1. _____
2. _____
3. _____

NOTE: If there is someone who is NEVER to pick up your child, but may try to, please list them below and give a brief physical description. Please attach a photo, if possible. You must make the center aware of any concerns you have. This will be kept confidential.

OTHERS LIVING IN THE HOME:

	Name	Relationship	Age	School
1.				
2.				
3.				

OTHER FAMILY CONCERNS:

All information requested is not intended to pry into your personal affairs. It is for us to help your child deal with anything that might be troubling him/her and so we can best meet his/her needs.

- Have you been at home with your child up to this time? _____
- Have only family members cared for your child? _____
- Has the child ever been enrolled in another daycare or preschool (home or center)? _____
  If yes, please give name(s) of daycare/preschool center. _____
- Has child been dismissed from any daycare/preschool (home or center)? _____
  If yes, please explain: _____
- Has there been a recent change in your family (death, divorce, move, new baby, etc.) _____
  If yes, please explain: _____

Does your family attend church? _____If yes, where? _____
Members of a church: Father If yes, where _____ Mother If yes, where_____

DEVELOPMENT:

1. BEHAVIOR/GENERAL DEVELOPMENT

Please describe your child. Check as many as apply.

____very active	____cheerful	____fearful	____cooperative	___aggressive
____obedient	____ shy	____irritable	____ accident-prone	___happy
____clumsy	____ nervous	____difficult	____ left-handed	___right-handed

Check below any behaviors you are concerned about.

____stuttering	____ biting	____rocking	____breathe holding	___head banging
____nightmares	____ stealing	____tantrums	____thumb sucking	___sibling rivalry
____bed-wetting	____ lying	____fighting	____ sleep difficulty	___nail biting

II. EATING HABITS:

What time does your child usually eat breakfast? _____ lunch? _____ dinner? _____
Does your child have snacks during the day? _____ If so, when?_____
Does your child feed him/herself?_____ Favorite foods_____
_____ Foods your child dislikes?_____
FOOD ALLERGIES _____ Is this verified by physician? _____
What is your child's general attitude toward eating? _____
If your child refuses to eat, how is it handled and by whom? _____

III. SLEEP HABITS:

Has room alone? _____If no, who does child share with? _____
Has own bed? _____If no, who does child share with? _____
Usual bedtime_____ Average hrs. sleep nightly____ Usual naptime _____ Average hrs.____
Attitude toward going to bed _____
If there is difficulty, how is it handled? _____
Routine associated with going to bed _____
Does your child wet the bed at night? _____At nap time? _____
If yes, how is the situation handled? _____

IV. TOILET HABITS:

NOTE: *Your child must be potty-trained before attending Highland CDC*. **No pull-ups.**

Is your child able to do all aspects of toilet hygiene? ____ If no, explain. _____
Does your child tell you when he/she needs to go to the bathroom and go willingly? _____
Can your child manage their clothes by himself/herself at the toilet? _____
Does your child have problems with constipation? ____ How is this handled? _____
What word does your child use for urinating? _____bowel movement? _____

V. DISCIPLINE:

What discipline style is used at home? _____
For what behaviors? _____
Who is the primary disciplinarian in the home? _____
What alternative methods are used? _____
If it is not effective, how is that handled? _____

VI. PLAY EXPERIENCES:

What ways does your child entertains him/herself at home? _____
_____
Does he/she play with children from other families? _____If yes, how often_____
Does your child get along with other children? _____ If no, explain_____
_____
Does he/she usually get their own way when playing with others? _____
If not, how does he/she react? _____
Does your child ever hide from you when you don't realize they are playing hide/seek? _____
Is the entire family together at any point in the day? _____ If yes, when?_____
Please add anything you think may be helpful in helping us relate to your child. _____
_____
_____

HEALTH:

I. YOUR CHILD'S GENERAL HEALTH:

Is there anything about your child's health that concerns you? _____
If yes, please explain_____
Has your child had any of the following? Please check below:

___ear infections	___seizures/fits	___asthma	___crossed eyes/glasses
___chicken pox	___ kidney infections	___toothache	___bed-wetting
___broken bones	___limp	___head injury	___skin problems
___chronic runny nose	___diphtheria	___scarlet fever	___facial injury

Has your child had any major accidents/injuries/surgery? _____
If yes, please explain_____
Is your child currently taking any medication? _____ If so, what? _____

II. TESTING:

Has anyone in your family been tested for and/or diagnosed with any special needs? These might include A.D.D., A.D.H.D., autism, multiple sclerosis, muscular dystrophy or other conditions requiring medication and/or special attention._____
If yes, please describe._____
Has your child had hearing, sight or speech screening?_____
If so, what were the results?_____

III. ALLERGIES:

Is your child allergic to any medications? ____ If so, what medications? _____
Has your child ever had an allergic reaction to their vaccinations? _____ If so, which one(s)?
_____
If your child is allergic to any foods? _____ If yes, please list_____

IV. SPEECH AND PHYSICAL DESCRIPTION:

Is your child's speech easily understood by others?_____ In speech therapy?_____
Height_____ Weight_____ Eye Color_____ Hair Color_____ Race_____

Circle the appropriate description from each group of words:

active or quiet thin or average weight or heavy tall or avg. height or short

V. HEALTH HISTORY CHECKLIST:

Yes	No	Were there any problems with pregnancy? child's birth? while in hospital?
Yes	No	Was his/her birth weight under 51/2 pounds?
Yes	No	Does your child have asthma or any difficulty with breathing?
Yes	No	Does your child have speech or hearing problems?
Yes	No	Have you ever been told your child has a heart murmur?
Yes	No	Has your child ever been around anyone who was diagnosed with tuberculosis?
Yes	No	Has your child ever had worms?
Yes	No	Does your child have a tendency to scratch his/her genital area?
Yes	No	Is your child a hemophiliac (free-bleeder)?
Yes	No	Is your child on a heart monitor?
Yes	No	Does your child have tubes in his/her ears?
Yes	No	Has your child ever had a bladder or kidney infection?
Yes	No	Does he/she ever experience pain or burning when they urinate?
Yes	No	Is there any reason your child may not be able to play as hard as other children?
Yes	No	Are his/her bottom or genital area red or sore?
Yes	No	Has your child ever been in the hospital overnight?

If you answered "yes" to any of the above, please explain_____
_____

To the best of my ability, I have answered all questions honestly for the child to whom admission is being made for. I understand that all information provided is for the benefit of the best care for my child.

_____
Signature of person completing application Date of completion

Thank you for your interest in our preschool/daycare.