Farragut Church of Christ Preschool
136 Smith Road
Knoxville, TN 37934

For Office Use Only
Date of Preschool Visit:_____
Date Application Received:_____
Date Started School:_____
Check#_____ Cash_____

Student Registration 2024-2025

Child's Full Name:_____
First Middle Last

Date of Birth:_____ Home Phone:_____

Was your child born in the United States? Yes or No

(If no, a TB Screening is required by first day of school.)

A physical is required for all students enrolling in preschool.

Home Address:_____ Subdivision:_____

_____ _____ _____
City State Zip Code

E-mail address:_____

Class registering for: (Please Check One) Your child must turn the age of the class they are registering for by 8/14/24

_____Toddlers (12 months-23months) (Tu/Thu or Tue/Wed/Thur) 8/14/24

_____Two's (Tu/Thur) 8/14/24 _____ Two's (Tue/Wed/Thur) 8/14/24

_____Two's(M/T/W/Th) 8/14/24

_____ Three's (Tu/Thur) 8/14/24 _____ Three's (Tu/Wed/Thur) 8/14/24

_____ Three's (M/T/W/Thur) 8/14/24

_____Pre-K (Tu/Wed/Thur) 8/14/24 _____ Pre-K (Mon/Tu/Wed/Thur) 8/14/24

Has your child attended any other programs? If yes where?_____

_____

Child lives with (please check one):

_____Parent(s)

_____Grandparent(s): Name(s)_____

Address:_____

Home Phone:_____ Work Phone:_____

Cell Phone:_____

_____ Legal Guardian: Name(s)_____

Address:_____

Home Phone:_____ Work Phone:_____

Cell Phone:_____

Mother:_____

Home address (if different from child's):_____

_____

Home Phone:_____ Cell Phone:_____

Employer:_____ Occupation:_____

Workdays & Hours:_____

Church Affiliation:_____

Father:_____

Home address (if different from child's):_____

_____

Home Phone:_____ Cell Phone:_____

Employer:_____ Occupation:_____

Workdays & Hours:_____

Church Affiliation:_____

Sibling Names	**Birth date**	**School Attending**
_____	_____	_____
_____	_____	_____
_____	_____	_____

Farragut Church of Christ Preschool
Emergency Information

Name of local person, other than teacher, authorized to act for parents in emergency.

Name: _____
Home Address:_____
Home Phone:_____ Cell Phone:_____
Work/School Address:_____
Work Phone:_____ Workdays & Hours:_____

Child's Physician:
Name:_____ Phone:_____
Address:_____
Hospital Preference:_____

Child's Dentist: Name:_____ Phone:_____

In addition to parents, the following persons have the permission to pick up my child.

Name:_____ Relationship:_____
Daytime Phone:_____ Cell Phone:_____

Name:_____ Relationship:_____
Daytime Phone:_____ Cell Phone:_____

I hereby authorize the Farragut Church of Christ Preschool to secure emergency medical treatment on my child's behalf. I hold harmless the staff of the Preschool in connection with any emergency treatment rendered. I understand every attempt will be made to contact me in case of an emergency.

_____ _____
Parent/Legal Guardian Signature Date

Student Health History

Child's Name	Birth Date	Parent/Legal Guardian Name

The information on this form is gathered to assist us in identifying appropriate care should the need arise. Please provide complete information so that staff will be aware of your child's needs.

Y N 1. Were there any problems with pregnancy on your child's birth?

Y N 2. Was your child born prematurely?

Y N 3. Is your child taking any medication on a regular basis?

If yes, what medication:_____

For what:_____

Y N 4. Does your child have any allergies (food, medicine, insects, shots, etc.)?

If yes, what kind and symptoms:_____

Y N 5. Has your child had asthma or wheezing?

Y N 6. Is there any hearing or speech problems?

Y N 7. Does your child speak English? If NO what language_____

Y N 8. In the last year, has your child had 2 or more ear infections?

Y N 9. Has your child had trouble with his/her eyes or vision?

Y N 10. Does your child have tubes in his/her ear(s)?

Y N 11. Has your child had any kidney or bladder infections?

Y N 12. Has your child had seizures, fits, or shaking spells?

Y N 13. Is your child a hemophiliac (free bleeder)?

Y N 14. Has your child ever had a TB Skin Test?

Y N 15. Has your child ever had a reaction to the TB skin test?

Y N 16. Does your child have any chronic rashes or skin conditions?

Y N 17. Does your child have any unusual birthmarks?

Y N 18. Does your child have any health diagnosis not indicated above?

_____

_____

If your child has received any special needs diagnosis or is receiving OT/Speech or any other services, this must be disclosed on your application. If any diagnosis are not disclosed we have the right to terminate your child's enrollment in our program.