

# Concord Road Preschool

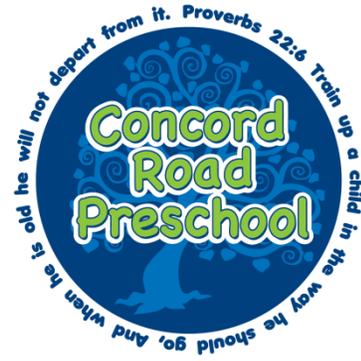
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## **Application**

Name \_\_\_\_\_ (please circle or write the name the child prefers to be called)

Girl \_\_\_\_\_ Boy \_\_\_\_\_ Birthdate \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

Address \_\_\_\_\_

Days and Hours at work \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

Address \_\_\_\_\_

Days and Hours at work \_\_\_\_\_

List of Child's Siblings \_\_\_\_\_

Church Membership \_\_\_\_\_

## **Person's authorized to pick up and transport my child/children:**

Name \_\_\_\_\_ Home/Cell # \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Home/Cell # \_\_\_\_\_

Relationship \_\_\_\_\_

## **Emergency Information** (Name of person other than the preschool staff, authorized to act for a parent in an emergency)

Name \_\_\_\_\_ Home/Cell # \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Home/Cell # \_\_\_\_\_

Relationship \_\_\_\_\_

**Medical Information**

Doctor's Name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Any known allergies \_\_\_\_\_

If so, what does your child take? \_\_\_\_\_

Any other medical concerns that the preschool would need to know about? \_\_\_\_\_

\_\_\_\_\_

Can your child handle basic bathroom needs? \_\_\_\_\_

Is there any other information that you wish to share that would assist us in meeting your child's needs? \_\_\_\_\_

\_\_\_\_\_

*In the event of a medical emergency requiring ambulance transportation to a hospital, I request the following*

**hospital:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_

Peer Interaction (with whom do they spend most of their time)

Preschool

Relatives

Friends/Neighbors

Church

Playmates

Older

Younger

Same age

Mixture

Typical coping responses to stress/anger/frustration

Tantrums

Withdraws

Appetite change

Destructive behavior (throws, kicks, bites)

Seeks attention and support

Other \_\_\_\_\_

Recent stresses

Move

Divorce/Remarriage

Parent traveling

New baby

Death of relative

Other

Compared to other children this age, is your child challenged with

Speech

Hearing

Seeing

Talking

Walking/Running

General movements

Other \_\_\_\_\_

