

**St. Bartholomew's
Pre-School & M.D.O
(application)**

4800 Belmont Park Terrace, Nashville TN 37215
phone: (615) 373-4633 e-mail: stbpspreschool@stbs.net
fax: 377-4928

PLEASE CHECK

ONE:

_____ Current church family
_____ Alumnae family
_____ Non-church family

FOR OFFICE USE ONLY:

Date Rec'd _____
Application Fee Paid _____
Pre-Placement Date _____

I. Child Enrollment Record

Child's Name _____ Name Used _____ Sex ___M___F
(First) (Last)

Date of Birth _____ Present Age _____ Home Phone No. _____
(Month/day/year)

Address _____ Zip _____

Has your child had previous nursery school experience? ___Yes ___No If so, where _____

II. FAMILY BACKGROUND

Father's Name _____ Mother's Name _____
Occupation _____ Occupation _____
Employer _____ Employer _____
Bus. Phone: _____ Cell: _____ Business phone _____ Cell phone _____
Email: _____ E-mail: _____

Please include Cell #'s & Emails, so we may contact you if we are unable to reach your home phone #.

Marital status of Parents: Married _____ Separated _____
Stepfather? _____ Stepmother? _____
Custody/Visiting Arrangements: _____
If Child is adopted: Age at adoption _____ Does child know he/she is adopted? _____

Other children in family:

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

In order to help us with placement, please list any other child for whom you are applying and the class and the days requested.

III. SOCIAL RELATIONS

Is this child accustomed to playing with other children? Yes ___No___
If so, what age group? Older Younger Same

Is he/she uncomfortable with any of these age groups? Yes ___No___
If so, what age group? Older Younger Same
Does he/she relate well with companions? _____

(over)

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What are his/her favorite activities: INDOORS _____
OUTDOORS _____
What is his/her attitude toward separation from parents? _____

IV. EMOTIONAL AND PHYSICAL DEVELOPMENT: HEALTH

Usual disposition _____ Any specific fears? _____

What do you do in a fearful situation? _____

Does this child have any specific physical limitation? Yes _____ No _____
Please elaborate _____

Does this child have any speech problems? _____

Is this child right _____ or left _____ handed? (If known)

Bathroom terminology: (for 1 and 2 year olds) Urination _____ BM _____

What means of discipline do you find most effective with your child? _____

V. EMERGENCY INFORMATION

Name of person/s authorized to act for parents in case of an emergency:

Relationship _____
Phone _____

Relationship _____
Phone _____

Please be certain that the above named person/s may legally act for you in the case of an emergency.

Physician's Name _____ Phone _____

Allergies _____

Please explain reactions: _____

Do you give permission, in the event we are unable to reach you or one of the above named persons,
for the Director or Assistant Director to obtain medical care for your child? yes ___ no _____

Which hospital do you prefer? Vanderbilt _____ Baptist _____ St. Thomas _____ Other _____

Your private physician will be contacted prior to any care being administered.

I, the undersigned parent and legal guardian of the child named in the form, hereby make application to
St. Bartholomew's Pre-School & M.D.O. and agree to abide by all school rules and policies.
I have received a Summary of Licensing Requirements, if my child is enrolling in the Pre-School (3-5 yrs.)

Signed _____
Relationship to Child _____

