

# Registration Application

## First Presbyterian Preschool

210 N Spring Street  
Murfreesboro, Tn 37130  
(615) 893-4760

Child's Full Name \_\_\_\_\_ likes to be called \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Primary language \_\_\_\_\_

### Parents:

Name of Mother \_\_\_\_\_ cell phone \_\_\_\_\_

email \_\_\_\_\_ home phone \_\_\_\_\_

Address \_\_\_\_\_

Where Employed \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Father \_\_\_\_\_ cell phone \_\_\_\_\_

email \_\_\_\_\_ home phone \_\_\_\_\_

Address \_\_\_\_\_

Where Employed \_\_\_\_\_ Work Phone \_\_\_\_\_

### Other Children in the Family:

Name	Birthdate	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

School Child Last Attended (if applicable) \_\_\_\_\_

Do you have a church home? Y / N \_\_\_\_\_

Would you want information on 1st Presbyterian programs and services? Yes, please / No, thank you

Name(s) of Person(s) to whom your child may be released, along with phone #. *Your child will not be released to anyone whom we feel might cause him/her harm.*

_____	_____
_____	_____
_____	_____

# Emergency Information

Info of person(s) **other than yourself** authorized to act for parent in an emergency

Name \_\_\_\_\_ Home \_\_\_\_\_

Address \_\_\_\_\_ Cell \_\_\_\_\_

Where Employed \_\_\_\_\_ Work \_\_\_\_\_

**Name of Physician** \_\_\_\_\_

Address \_\_\_\_\_ Office Phone \_\_\_\_\_

## Health Information:

Child's health is:            Excellent \_\_\_\_\_ Good/Fair \_\_\_\_\_ Poor \_\_\_\_\_

Known allergies to food or medicine \_\_\_\_\_

Other known conditions (please explain) \_\_\_\_\_

**I do hereby authorize emergency medical care if authorized person cannot be reached.**

\_\_\_\_\_  
Date \_\_\_\_\_

**Signature of Parent(s) or Guardian**

## Indicated Days and Times:

**3 year-old class**  
**( \$85 registration fee)**

8:30-12:30\*(2pm)

Mon/Wed/Thurs

\_\_\_\_ \$300/month

**4 year-old-class**  
**(\$85 registration fee)**

8:30-12:30\*(2pm)

Mon-Thurs

\_\_\_\_ \$340/month

**KR class**  
**(\$85 registration fee)**

8:30-2:00

Mon-Thurs

\_\_\_\_ \$500/month

### **\*Optional**

1. Extended days are offered until 2pm daily. You may choose this option on a day-to-day basis. \_\_\_\_\_ \$10 day
2. Friday Play Days are offered weekly from 8:30-12:30. You may choose this option at registration. \_\_\_\_\_ \$30/week

**I have read the accompanying policies and hereby make application for my/our child to attend First Presbyterian Preschool. The non-refundable registration fee is attached and secures my/our child's place.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Please complete all attached forms and return to:

**First Presbyterian Preschool**  
**Attn: Karen Winford, Director**  
**210 North Spring Street**  
**Murfreesboro, Tn 37130**

Date of Admission \_\_\_\_\_  
Date of Pre-placement visit \_\_\_\_\_

**Child must be of age by August 15th**

**Children are admitted regardless of race, creed, sex, or national origin.**



