

# 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 \_\_\_\_\_

### 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.

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

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

## Indicated Days and Times:

**2 year-old class**  
**(\$85 registration fee)**  
8:30-12:30 Mon/Wed  
8:30-12:30 Tues/Thurs  
\_\_\_\_\_ **\$190/month**

**3 year-old-class**  
**(\$85 registration fee)**  
8:30-12:30\*(2pm)  
Mon/Wed/Thurs  
\_\_\_\_\_ **\$240/month**

**4 year-old class**  
**(\$85 registration fee)**  
8:30-12:30 (\*2pm)  
Mon-Thurs  
\_\_\_\_\_ **\$285/month**

### **\*Optional**

Extended days are offered until 2pm for children ages 3-5 and potty trained. You may choose this option on a day-to-day basis.  
\_\_\_\_\_ \$10 day

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.**