

Pre Admission Visit \_\_\_\_\_

Since 1952



# Smith Preschool

## APPLICATION

Date of Admission \_\_\_\_\_ Name of Child \_\_\_\_\_

Child's Birth Date \_\_\_\_\_ What does the child like to be called? \_\_\_\_\_

### Parents:

Name of Mother \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
(Street) (City) (State) (Zip)

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

Name of Father \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
(Street) (City) (State) (Zip)

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

Emergency Information: Name of person, other than parent or staff, authorized to act for parent in an emergency.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone \_\_\_\_\_  
(Street) (City) (State) (Zip)

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

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
(Street) (City) (State) (Zip)

## BACKGROUND INFORMATION

### Other Children in Family

(name) \_\_\_\_\_ (birth date) \_\_\_\_\_ (school) \_\_\_\_\_

(name) \_\_\_\_\_ (birth date) \_\_\_\_\_ (school) \_\_\_\_\_

(name) \_\_\_\_\_ (birth date) \_\_\_\_\_ (school) \_\_\_\_\_

Has your child attended another program? Yes \_\_\_ No \_\_\_ If yes, where? \_\_\_\_\_

What are some of the ways in which the child plays at home? \_\_\_\_\_

Does he play with children from other families? Yes \_\_\_ No \_\_\_

Is the entire family together for any time during the day? Yes \_\_\_ No \_\_\_ When \_\_\_\_\_

What time does the child eat breakfast? \_\_\_\_\_ lunch \_\_\_\_\_ supper \_\_\_\_\_  
between meal snacks \_\_\_\_\_ Does he feed himself? \_\_\_\_\_

410 Battle Avenue · Franklin, Tennessee 37064 · 615-794-2488