

# Centerville Church of Christ Day School

138 North Central Avenue  
Centerville, Tennessee 37033

Full name of child \_\_\_\_\_ Date of admission \_\_\_\_\_  
Child's date of birth \_\_\_\_\_ Name child goes by \_\_\_\_\_  
Name of mother \_\_\_\_\_ Home phone \_\_\_\_\_  
Street address \_\_\_\_\_ City/Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Church Preference \_\_\_\_\_  
Where employed \_\_\_\_\_ Hours \_\_\_\_\_ Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Name of father \_\_\_\_\_ Home phone \_\_\_\_\_  
Street address \_\_\_\_\_ City/Zip \_\_\_\_\_  
Where employed \_\_\_\_\_ Hours \_\_\_\_\_ Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Church Preference \_\_\_\_\_

For the child's safety, list other persons authorized to provide transportation for this child.

---

---

---

## Emergency record

Name of person other than Day School staff authorized to act for parent in emergency.

Name \_\_\_\_\_ Home phone \_\_\_\_\_  
Street \_\_\_\_\_ City/Zip \_\_\_\_\_  
Where employed \_\_\_\_\_ Work phone \_\_\_\_\_

Name of physician \_\_\_\_\_ Office phone \_\_\_\_\_  
Address \_\_\_\_\_ City/Zip \_\_\_\_\_

## Other children in family

Name	Birthday	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please complete information on back and sign where indicated.

Additional information about your child:

Has your child been enrolled in child care before? \_\_\_\_\_  
If not, has he/she had the opportunity to play with other children? \_\_\_\_\_  
Does he/she feed him/herself? \_\_\_\_\_  
Is this child allergic to any food? \_\_\_\_\_  
If so, what? \_\_\_\_\_ Any other allergies? \_\_\_\_\_  
Does your child take a nap? \_\_\_\_\_ Is it daily? \_\_\_\_\_  
Is your child toilet trained? \_\_\_\_\_  
If so, does he/she tell you when he needs to go? \_\_\_\_\_  
Does he/she take himself to the bathroom? \_\_\_\_\_  
Does he/she need help with clothing? \_\_\_\_\_  
Does he/she ever wet the bed? \_\_\_\_\_  
Does your child talk clearly? \_\_\_\_\_  
Is your child left handed or right handed? \_\_\_\_\_  
Has your child recently experienced a significant loss, such as divorce or the death of a close family member? \_\_\_\_\_  
If so, explain. \_\_\_\_\_  
Is there anything else we should know about your child? \_\_\_\_\_

Last 4 digits of Mother's social for door code: \_\_\_\_\_ #

\*If the **first** digit begins with a "0", please substitute with another digit.\* example: 0250, change to 1250

I have read and agree to the policies of the Centerville Church of Christ Day School. I am aware that the tuition fee is due by the 15<sup>th</sup> of each month or the following Monday if the 15<sup>th</sup> falls on a weekend. If the following Monday falls on a day that Day School is closed, it will be necessary to pay on the last school day before the school holiday. There will be a \$25 late charge for tuition not paid in full by the 15<sup>th</sup> of each month. I understand it will be necessary to pay even when my child is absent.

I have received a copy of the State of Tennessee licensing requirements and received a tour of the Day School prior to enrollment.

I do hereby authorize emergency medical care and give consent for Day School to take pictures of my child.

\_\_\_\_\_  
(signature of parents)

\_\_\_\_\_  
(date signed)