

# HOLY FAMILY LEARNING CENTER REGISTRATION

## CHILD ENROLLMENT RECORD

### Please PRINT information

Child's Full Name: \_\_\_\_\_ Name Used: \_\_\_\_\_  Male  Female

Birth date: \_\_\_/\_\_\_/\_\_\_ Present Age: \_\_\_ Age by Aug. 15: \_\_\_ Home Phone: \_\_\_\_\_ Alternative #: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Alternate Address (if applicable): \_\_\_\_\_ Zip code: \_\_\_\_\_

Child Care/School Experience If so, when & where? \_\_\_\_\_

**Please circle your preference in days and/or number of days.**

**\*Classes are designated by birth date.**

2 year old program: **M/W** or **T/TH**

\*older 2's/young 3's program: **MWF** or **T/TH**

older 3's/young 4's program: **M/W/F** or **T/TH**

4 year old program: **T/W/TH** or **M-TH**

\*4/5 year old class: **M-TH**

## FAMILY BACKGROUND

Parent 1 Name: \_\_\_\_\_ Email: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If not working outside of home, please state career background: \_\_\_\_\_

Marital Status: \_\_\_\_\_ If separated/divorced – how long: \_\_\_\_\_ Child lives with: \_\_\_\_\_

Stepparent: \_\_\_\_\_ How long? \_\_\_\_\_ Stepparent: \_\_\_\_\_ How long? \_\_\_\_\_

Custody/visiting arrangements: \_\_\_\_\_

If child is adopted– Age at adoption: \_\_\_\_\_ Does your child know he/she is adopted?  Y  N

Other children in the family:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Priority is given to registered members of Holy Family Catholic Church at the time of annual registration.

Are either parents members?  Y  N Interested in receiving info about local Parochial schools?  Y  N

Parent Church: \_\_\_\_\_ Parent Church: \_\_\_\_\_

## SOCIAL RELATIONS

Is the child accustomed to playing with other children?  Y  N Yes: what age?  Younger  Same  Older

Is he/she uncomfortable with any age groups or genders?  Younger  Same  Older  Male  Female

Briefly describe how he/she relates with companions: \_\_\_\_\_

What are your child's favorite activities? Indoors: \_\_\_\_\_

Outdoors: \_\_\_\_\_

What is his/her attitude toward separation from parents? \_\_\_\_\_

## EMOTIONAL/PHYSICAL DEVELOPMENT/HEALTH

Usual Disposition: \_\_\_\_\_ Any specific fear? \_\_\_\_\_  
What do you do with your child in a fearful situation or when they are upset? \_\_\_\_\_

Does your child have any specific areas of need that we should know about (such as speech, hearing, or vision difficulties, sensory issues, physical limitations, health or chronic issues?)  Y  N

If yes, describe: \_\_\_\_\_

Is your child potty trained?  Y  N Bathroom terminology: Urination: \_\_\_\_\_ BM: \_\_\_\_\_

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

Child's primary language: \_\_\_\_\_ Languages spoken at home: \_\_\_\_\_

Additional information: \_\_\_\_\_

## EMERGENCY INFORMATION

**Provide the name(s) of contact authorized to act for parents in case of an emergency.  
Every effort will be made to reach parents first.**

Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

List any known allergies & explain reactions: \_\_\_\_\_

Do you give permission to the HFCLC director to obtain medical care for your child in the event that parents or above contacts cannot be reached?  Y  N

What hospital do you prefer?  Vanderbilt Children's  Other: \_\_\_\_\_

\* An effort will be made to contact your private physician prior to any care being administered.

## AGREEMENT

I, undersigned parent and/or legal guardian of \_\_\_\_\_, hereby make this application to Holy Family Learning Center for this child to be enrolled or placed on the waiting list.

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

Relationship to child \_\_\_\_\_

**A \$100.00 NON-REFUNDABLE registration fee MUST be included with completed enrollment form. This fee is applicable to participate on the waiting list and the current school year only.**



Mail or drop off registration form to:  
**Holy Family Learning Center**  
9100 Crockett Road  
Brentwood, TN 37027