

HOLY FAMILY LEARNING CENTER REGISTRATION FORM

CHILD ENROLLMENT RECORD

Please PRINT information

Child's Full Name: _____ Name Used: _____ Male Female

Birth date: ___/___/___ Present Age: ___ Age by August 15: ___ Home Phone: _____

Address: _____

Alternate Address: _____ Alternative contact: _____

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: _____

Parent 2 Name: _____

Email: _____

Email: _____

Address 1: _____

Address 2: _____

Home Phone: _____ Cell: _____

Home Phone: _____ Cell: _____

Work Phone: _____

Work Phone: _____

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

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? Yes No

Other children in the family:

Name: _____ Age: _____ School: _____

Priority is given to registered members of Holy Family Catholic Church. Are either parents members? Yes No

Are you interested in receiving information about local Parochial schools? Yes No

Parent Church: _____ Parent Church: _____

SOCIAL RELATIONS

Is he/she accustomed to playing with other children? Yes No If yes, ages: Younger Same Older

Is he/she uncomfortable with these age groups/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?) Yes No

If yes, describe: _____

Is your child potty trained? Yes No 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 2: _____ Relationship: _____ Home Phone: _____ Other: _____

Physician's Name: _____ Phone: _____

Address: _____

List any known allergies & explain reactions : _____

Do you give permission to the HFLC director to obtain medical care for your child in the event that parents or above contacts cannot be reached? Yes No

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 _____



9100 Crockett Road
Brentwood, TN 37027

A \$150.00 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.

Contact Susan Oubre, HFCLC Director, with questions at susan.oubre@holyfamilycc.com or 615-373-3061.