

EAST BRAINERD PRESCHOOL
7745 East Brainerd Road
Chattanooga, TN 37421
APPLICATION FOR ADMISSION

Date of application: _____

Program: 3 year old, Tuesday/Thursday
3 year old, Monday/Wednesday
4 year old, Monday/Wednesday/Friday
4 year old, Monday – Friday

Full name of child _____
(first, middle, last)

Preferred name _____

Address _____

City, State, Zip _____

Birth date (mm/dd/yy) _____

Sex of child? M/F

Parent/Guardian Information

Mother's name _____

Father's name _____

Address _____
(if different from child's; include city, state, zip)

Address _____
(if different; include city, state, zip)

Home phone _____

Home phone _____

Background Information

List people (other than mother and father) living in the home with your child:

Name	Age	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What does your child enjoy playing at home? _____

Does he/she interact well with other children? _____
(Explain if necessary)

Describe your child: active/quiet friendly/shy confident/hesitant

Have you visited East Brainerd Preschool prior to enrolling your child? Yes/No

Family's home church: _____

Signature _____ Date _____