

2021-2022

Hendersonville  
Campus \_\_\_\_\_  
(Tue. & Thur.)



LONG HOLLOW  
**WEEKDAY  
PRESCHOOL**

Gallatin  
Campus \_\_\_\_\_  
(Mon. & Wed.)

3031 Long Hollow Pike Hendersonville, TN 37075 615-824-4006 (X831)

CHILD'S NAME: \_\_\_\_\_ BIRTHDAY (MM/DD/YY): \_\_\_\_\_ SEX \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP : \_\_\_\_\_  
 MOTHERS NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
 FATHER'S NAME \_\_\_\_\_ DOB: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
 HOME CHURCH: \_\_\_\_\_ MEMBER: \_\_\_\_\_ YES \_\_\_\_\_ NO  
 CUSTODY: \_\_\_\_\_ BOTH \_\_\_\_\_ DAD \_\_\_\_\_ MOM \_\_\_\_\_ OTHER \_\_\_\_\_  
 LIST NAMES AND DATE OF BIRTH OF BROTHERS AND SISTERS \_\_\_\_\_

LIST PERSONS OTHER THAN PARENTS TO BE CALLED IN CASE OF ILLNESS/EMERGENCY OR THAT HAVE PERMISSION TO, WITH SECURITY STICKER, PICK UP YOUR CHILD:

NAME & RELATIONSHIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 NAME & RELATIONSHIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

I UNDERSTAND THE PERSON TO PICK UP MY CHILD IN AN EMERGENCY WILL BE REQUIRED TO SHOW A DRIVER'S LICENSE. I WILL NOTIFY THE TREASURE CREEK OFFICE, IN WRITING IF POSSIBLE, EACH TIME ANOTHER PERSON IS PICKING UP MY CHILD. I AGREE TO ABIDE BY ALL OF THE LONG HOLLOW BAPTIST CHURCH PRESCHOOL/ WEEKDAY PRESCHOOL POLICIES. LONG HOLLOW BAPTIST CHURCH/ WEEKDAY PRESCHOOL HAS THE RIGHT TO DENY OR TERMINATE ADMISSION TO ANYONE WHOSE BEHAVIOR IS NOT IN ACCORDANCE WITH THESE POLICIES. I UNDERSTAND THE REGISTRATION FEE IS NON-REFUNDABLE AND I MUST GIVE A TWO-WEEK NOTICE TO WITHDRAW FROM THE PROGRAM.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\*\*\*\*\*MEDICAL INFORMATION\*\*\*\*\*

PLEASE LIST ANY KIND OF MEDICATION, MEDICAL/ HEALTH PROBLEMS, OR ALLERGIES THAT YOUR CHILD MIGHT HAVE. \_\_\_\_\_  
 PHYSICIANS' NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ HOSPITAL PREFERRED: \_\_\_\_\_  
 SPECIAL EMERGENCY INSTRUCTIONS: \_\_\_\_\_  
 INSURANCE COMPANY NAME: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

*IN ORDER TO MEET LEGAL REQUIREMENTS, I HEREBY AUTHORIZE A REPRESENTATIVE OF LONG HOLLOW BAPTIST CHURCH PRESCHOOL MINISTRY/ WEEKDAY PRESCHOOL TO GIVE CONSENT FOR ANY AND ALL NECESSARY MEDICAL CARE FOR MY CHILD \_\_\_\_\_ WHILE SAID CHILD IS IN SAID LONG HOLLOW BAPTIST CHURCH'S CUSTODY.*

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\*\*\*\*\*SECURITY RESTRICTIONS\*\*\*\*\*

PLEASE LIST ANY SPECIAL SECURITY RESTRICTIONS THAT MAY AFFECT YOUR CHILD.

\_\_\_\_\_  
\_\_\_\_\_;

I have read and understand that: The Long Hollow Weekday Preschool program is not licensed and is not required to be licensed by the State of Tennessee as a child care agency.  \_\_\_\_\_

Signature of Parent or Guardian

Date: \_\_\_\_\_ Reg. Fee: \_\_\_\_\_ Ck#: \_\_\_\_\_ CL \_\_\_\_\_ Reg. List: \_\_\_\_\_ ACS: \_\_\_\_\_ Assignment: \_\_\_\_\_