

2025-26
First Baptist Church -Joelton
P.A.T.H PRESCHOOL REGISTRATION FORMS

Please complete all forms and return with a non-refundable \$100 registration fee.
**** A current immunization/health form must be included with registration for all students ****
If classes are full, your child will be placed on a waiting list

Child's Full Name _____ **Male** ___ **Female** ___
Preferred Name _____ **Date of Birth** _____ **Age** (as of 8/15/25) _____

PARENT/GUARDIAN CONTACT INFORMATION: (Please fill in all sections)

Mother's Name: _____ Father's Name: _____

Home Address: _____ Home Address: _____

_____ City _____ Zip _____ City _____ Zip

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail: _____ E-mail: _____

Home church: _____ Home church: _____

Employer: _____ Employer: _____

Employer Address: _____ Employer Address: _____

_____ City _____ Zip _____ City _____ Zip

Work Phone: _____ Work Phone: _____

Work Hours: _____ Work Hours: _____

TRANSPORTATION PLAN: person's (other than parents) to whom your child may be released and are authorized to provide transportation for your child

Name _____ Home phone _____ Cell _____
Relationship to child _____

Name _____ Home phone _____ Cell _____
Relationship to child _____

Parent Signature: _____ **Date:** _____

EMERGENCY INFORMATION 2025-26

EMERGENCY CONTACT: (authorized to act on parent's behalf if parents are unreachable in an emergency)

Name _____ Relationship _____

Home phone _____ Cell _____ Work _____

Address _____ City _____ Zip _____

MEDICAL INFORMATION: (Please fill in completely)

Child's Physician:

Name: _____

Address: _____

Phone: _____

* Medical concerns/conditions: _____

* Current medications: _____

Child's Dentist:

Name: _____

Address: _____

Phone: _____

Allergies: _____

Treatment required: _____

*** For life-threatening allergies, we must have care instructions from the physician on file***

CONSENT AND AUTHORIZATION FOR MEDICAL TREATMENT 2025-26

I hereby give my consent to First Baptist Church- Joelton PATH Preschool to act on my behalf in a medical emergency. I understand that every reasonable effort will be made to notify me. If I am unreachable, the emergency contact person noted on my child's registration form will be contacted.

Preferred Hospital: _____

Parent Name (please print): _____

Parent Signature: _____ **Date:** _____

**PARENT SIGNATURE SHEET
2025-26**

1. First Baptist Church-Joelton Weekday P.A.T.H Preschool Handbook

I have read the above policies and procedures and agree to all terms within. I also understand that should there be a need, I will receive in writing any changes to these policies.

Signature _____ Date _____

2. Tennessee DHS Summary of Licensing Requirements for Child Care Centers

I verify that I have received the above document.

Signature _____ Date _____

3. Photography Release

I give permission to the First Baptist Church- Joelton P.A.T.H Preschool program to use my child's photo for craft projects, bulletin boards, and the promotion/graduation video.

Signature _____ Date _____

** Are there any children you would like in your child's class, if possible? _____

** Do you have a teacher request? _____

(We will make every attempt to honor your requests however, no guarantees can be given)

Office use only: Date received _____ Fee paid _____ Immunization form _____
Pre-enrollment visit _____ Class assigned to _____

Child's Name _____

Getting to know your child- PATH Preschool- 2025-26

Eating habits:

1. At what time does your child eat: Breakfast _____ Lunch _____
2. Does your child feed him/herself? Yes _____ No _____
3. Food favorites: _____
4. Food dislikes: _____
5. Dietary restrictions: _____
6. Food Allergies: _____

Sleep habits:

Morning nap? Yes _____ No _____ Afternoon nap? Yes _____ No _____

Toilet habits:

Does your child tell you when they need to go? Yes _____ No _____
Are they able to wipe by themselves or need assistance? _____
Typical time of bowel movement? _____

Speech and Physical development:

My child talks: _____ Well _____ Fairly well _____ Not very well _____ Not at all
Any concerns about speech or physical development? _____
If yes, what are your concerns? _____

Social Development:

How would you describe your child?
____ Outgoing ____ Shy ____ Quiet ____ Talkative ____ Active ____ Happy ____ Grumpy
Is your child around other children on a regular basis? _____
Do you have any concerns about their social development? _____
If yes, what are your concerns? _____

Any other information about your child that would help us in caring for them?
