



# PRESCHOOL APPLICATION



Mt. Juliet Christian Academy

735 N. Mt. Juliet Road

Mt. Juliet, TN 37122

615-758-2427

www.mjca.org

## APPLICANT

*Please print legibly*

Name \_\_\_\_\_  
Last First Middle

Goes by \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

## FATHER

Name \_\_\_\_\_  
Last First Middle

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

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

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

Email address \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ ext. \_\_\_\_\_

## MOTHER

Name \_\_\_\_\_  
Last First Middle

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

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

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

Email address \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ ext. \_\_\_\_\_

Date \_\_\_\_\_ Applying for what year \_\_\_\_\_

Class Desired: T/Th M/W/F 5 day

3 yr old (by 9/30)

4 yr old (by 9/30)

Applicant lives with (*check all that apply*):

Father  Mother  Stepfather  Stepmother

Grandparent(s)  Other \_\_\_\_\_

Parent's Marital Status (*check all that apply*):

Parents married  Parents divorced

Father deceased  Mother deceased  Parents separated

Who has legal custody? \_\_\_\_\_

Child may **NOT** be released to \_\_\_\_\_

Name of person financially responsible to MJCA for tuition and fee

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

## STEPMOTHER

Name \_\_\_\_\_  
Last First Middle

Email address \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell \_\_\_\_\_

## STEPFATHER

Name \_\_\_\_\_  
Last First Middle

Email address \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell \_\_\_\_\_

## APPLICANT INFORMATION

### EXPERIENCES WITH OTHERS

What are some ways your child plays at home? \_\_\_\_\_

Does your child play with children from other families? If so how? \_\_\_\_\_

Does your child usually get his/her own way with other children? If not, what is the reaction? \_\_\_\_\_

Is the entire family together for any time during the day? \_\_\_\_\_

### EATING HABITS

At what time does the child eat breakfast? \_\_\_\_\_ Lunch? \_\_\_\_\_ Dinner? \_\_\_\_\_ Feed him/herself?  Yes  No

Between meal snacks?  Yes  No What is your child's general attitude toward eating? \_\_\_\_\_

If your child refuses to eat, how is this handled and by whom? \_\_\_\_\_

Favorite foods \_\_\_\_\_ Disliked foods \_\_\_\_\_

Any food allergies? \_\_\_\_\_

### TOILET HABITS

Is your child potty trained?  Yes  No Time at which child is taken to the bathroom \_\_\_\_\_ Does your child manage toileting on

his/her own?  Yes  No Time of bowel movement? \_\_\_\_\_ Regular? \_\_\_\_\_ Constipated? \_\_\_\_\_ Can your child

manage clothes him/herself at the toilet?  Yes  No Does your child tell you when he/she needs to go to the toilet?  Yes  No

Does your child go willingly?  Yes  No What word does he/she use for urinating? \_\_\_\_\_ BM? \_\_\_\_\_

### SPEECH AND PHYSICAL GROWTH

How well does your child talk?  Well  Fairly well  Not very well  Not at all

Does anyone read to him/her? If so, how regularly? \_\_\_\_\_

At what age did your child creep? \_\_\_\_\_ Crawl? \_\_\_\_\_ Walk? \_\_\_\_\_ Describe your child as: (circle one in each group)

Active/Quiet

Thin/Average/Heavy

Short/Average/Tall

Friendly/Unfriendly

### PERSONAL INFORMATION

Has applicant ever been dismissed or withdrawn from preschool for disciplinary reasons? If yes, please explain. \_\_\_\_\_

Does applicant have any physical or emotional condition requiring special consideration? If yes, please explain. \_\_\_\_\_

Will applicant be taking prescription medication that will affect classroom performance? If yes, please explain. \_\_\_\_\_

Does the applicant have any unusual factors in his/her life that might require special consideration? (i.e., absent parent, loss of a family member, grandparents or extended family in the home, accidents or serious illness, etc.) If yes, please explain. \_\_\_\_\_

Are all financial obligations to previous school paid? If no, please explain. \_\_\_\_\_

#### FOR OFFICE USE ONLY

RF Amt \_\_\_\_\_  BC  IR  SSN  PO  SA

Interview Date \_\_\_\_\_ Acceptance Yes \_\_\_\_\_ No \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

## FAMILY INFORMATION

### Applicant's Siblings

Name \_\_\_\_\_ Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School Attending \_\_\_\_\_

### Applicant's Grandparents

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

### Church Affiliation

Church Name \_\_\_\_\_ Denomination \_\_\_\_\_

Address \_\_\_\_\_

#### We learned of MJCA through (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Student(s) currently enrolled | <input type="checkbox"/> Alumni           |
| <input type="checkbox"/> Church                        | <input type="checkbox"/> Advertisement(s) |
| <input type="checkbox"/> Open House                    | <input type="checkbox"/> Web Site         |
| <input type="checkbox"/> MJCA Parents                  | <input type="checkbox"/> TV Commercial    |
| <input type="checkbox"/> Sporting Event                | <input type="checkbox"/> Realtor          |

Other \_\_\_\_\_

#### Factors that influenced us to apply to MJCA:

- |   |   |
|---|---|
| <input type="checkbox"/> Christian philosophy           | <input type="checkbox"/> Academic program |
| <input type="checkbox"/> Affiliation with church        | <input type="checkbox"/> Size of school   |
| <input type="checkbox"/> Sports program                 | <input type="checkbox"/> Location         |
| <input type="checkbox"/> Affordable tuition             | <input type="checkbox"/> Facilities       |
| <input type="checkbox"/> Recommendation of MJCA parents | <input type="checkbox"/> Accreditation    |

Other \_\_\_\_\_

#### NON-DISCRIMINATION POLICY

MJCA admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. The school does not discriminate on the basis of race, color, or national and ethnic origin in administration of education policies, admission policies, scholarship awards or athletic and other school-administered programs.

It is understood that the school has the right to accept or reject a student as it deems advisable. The registration fee is not refundable, unless a new applicant is not accepted. I/we certify that the statements and answers given in this application are true and accurate. Misleading or false information may result in denial of admission of the student. If misleading or false information is discovered after a student is enrolled at MJCA, then enrollment of the student could be immediately terminated.

Parent Signature \_\_\_\_\_

Person responsible to MJCA for tuition and fees: \_\_\_\_\_

#### SUMMARY OF CHILDCARE APPROVAL REQUIREMENTS

I have received and read a copy of the "Summary of Childcare Approval Requirements"  Yes  No

Parent Signature \_\_\_\_\_