Office Use: Class_____	Paid: Date_____	Church Member: Y / N	Sibling: Y / N
	Paid: Method _____	Tour Date: _____	

Berry's Chapel Preschool
2025-2026 Application

PLEASE COMPLETE ALL BLANKS – IF NOT APPLICABLE, WRITE "N/A"

Child's Name: _____ Date of Birth (mm/dd/yyyy): _____ Sex: M / F

Home Address: _____
(Street) (City, ST) (Zip Code)

Primary Family Email: _____ Child's Preferred Name: _____

Child lives with (Please Circle): Both Parents Mother Father Guardian

Mother's Name:	_____	Father's Name:	_____
Address if different than student:	_____	Address if different than student:	_____
Mother's Email:	_____	Father's Email:	_____
Main Phone/Cell:	_____	Main Phone/Cell:	_____
Employer:	_____	Employer:	_____
Employer Address:	_____	Employer Address:	_____
Work Phone:	_____	Work Phone:	_____
Work Hours:	_____	Work Hours:	_____
Church Membership:	_____	Church Membership:	_____

Are there any custody issues of which we should be aware? _____

If parents are divorced, the custodial parent is _____ (Please provide copy of the custody order.)

List of Child's Siblings

Name	Age	Name	Age
1. _____		4. _____	
2. _____		5. _____	
3. _____		6. _____	

Preschool Experience

Did your child attend Berry's Chapel Preschool last year? YES NO If so, what class? _____

Has your child attended another preschool/ childcare facility? YES NO If so, please list facility name(s) _____

Is there any other information that you wish to share that would assist us in meeting your child's needs? _____

_____

Can your child handle basic bathroom needs (required for 3 year old class and up)? _____

Transportation Plan

Emergency Contacts:

Name of person, other than staff, authorized to act for a parent in an emergency

(Please note that all Emergency Contacts are automatically considered "Approved Pickups")

	Name	Home/Cell	Email	Relationship
1.				
2.				
3.				
4.				

Approved Pickups

To ensure the safety of your child, please list ***ALL*** other adults to whom your child may be released or who are authorized to provide transportation for your child. **Your child will not be released to anyone NOT listed unless the office has been previously notified.**

	Name	Home/Cell	Email	Relationship
1.				
2.				
3.				
4.				
5.				
6.				

Physician Contact Information and Ongoing Medical Care

Doctor's Name: _____ Doctor's Phone Number: _____

Doctor's Address: _____

Please list any food or drug allergies: _____

Is this a **Contact Allergy** or **Ingestion Only**? _____

Are any of these allergies **Life Threatening**? Y / N If yes, please specify: _____

Any medically diagnosed illnesses or health problems? If yes, explain: _____

_____

Is your child on any special diet? If yes, explain: _____

_____

Is applicant taking any medication on a regular basis? If yes, explain _____

Has your child ever been evaluated for speech, behavior, or any type of developmental delay? Y / N If yes, please indicate diagnosis: _____

Health History (Circle applicable answers)

Sleeping Patterns:

Rocked/Reads before nap | Sleeps with special toy/doll/blanket | Talks/cries themselves to sleep

Soft music playing | Needs pacifier | Other _____

Personality Traits/Child's Typical Behavior:

Friendly /Outgoing | Aggressive | Shy | Quiet

Extremely active | Rubs eyes when tired | Withdraws | Plays well alone

Favorite toy | Frightened by_____ | Other _____

Peer Interactions (With Whom do they spend most of their time?):

Preschool | Relatives | Friends/Neighbors | Church

Child's Playmates:

Older | Younger | Same Age | Mixture

Recent Stresses:

Moved | Divorce/Remarriage | Parent Traveling | New Baby | Death of relative/pet | Other:_____

Typical Coping Responses to Stress/Anger/Frustration:

Tantrums | Withdraws | Change in appetite

Destructive behavior (throws, kicks, bites) | Seeks attention and support | Other _____

Compared to other children this age, does your child have problems with:

Speech | Hearing | Vision | Walking/Running | General Movements

Media Release (please check one)

____Yes, I give permission to Berry's Chapel Preschool to use pictures of my child in promotional materials both mailings or internet.

____No, I do not give permission to Berry's Chapel Preschool to use pictures of my child in promotional materials both mailings or internet.

IF NO, do you give permission to send pictures of your child through our secure child care platform, Brightwheel?

____Yes, group and single photos may be sent through Brightwheel.

____You may only send photos of my child to me through Brightwheel.

____No, photos may not be sent through any form of media, including Brightwheel.

Registration Offerings

Berry's Chapel Preschool is licensed by the state as a childcare agency for our 3 day/week and 4 day/week classes. Berry's Chapel Preschool is not required to be licensed by the state as a childcare agency for our 2 day/week classes. Students will be placed in classes based on age, class dynamics, and director discretion. Class allotments are subject to change as enrollment grows.
I would like to register my child for:

Two Year Old/ Young 3 Year Old - Child must turn 2 by Nov. 30, 2025.

_____ 2 Days, Tuesday/Thursday, $300/month

Three Year Old - Child must turn 3 by Nov. 30, 2025 **AND** be able to handle basic bathroom needs.

_____ 2 Days, Tuesday/Thursday, $300/month (class will open if needed)

_____ 3 Days, Tuesday/Wednesday/Thursday, $380/month

Four Year Old - Child should turn 4 by December 30, 2025.

_____ 3 Days, Tuesday/Wednesday/Thursday, $390/month

Pre-K1 - Child must turn 5 after January 1, 2025.

_____ 3 Days, Tuesday/Wednesday/Thursday, $390/month

Pre-K2 - Child must turn 5 before January 1, 2025.

_____ 3 Days, Tuesday/Wednesday/Thursday, $390/month

********A four day/week class may be offered if we receive adequate interest. This class would be available for Pre-K1 and Pre-K2 classes only. If offered, our 4 day/week class would be Monday-Thursday for $520/month.**

____ YES, I am interested in a 4 day/week class.

Families with more than one child enrolled at Berry's Chapel Preschool are offered a 10% discount on the second and third child's tuition. A 10% discount in tuition is offered to active members of Berry's Chapel Church of Christ as well as active military. **A nonrefundable application/enrichment fee of $150 is required with this application**. Please make check payable to Berry's Chapel Preschool and note the student(s) name in the memo area of the check.

In addition to this form, **your child's updated immunization record, available from his/her pediatrician, is required by Sept. 1.** This form may be faxed to the school at 615.791.5643.

Parent Declarations

- I have received a summary of licensing requirements.
- In case of emergency, I grant consent to Berry's Chapel Preschool staff to authorize emergency care for my child/children.
- I have visited the preschool prior to enrolling my child.
- I give Berry's Chapel Preschool staff my permission to sign my child in and out of Brightwheel if necessary.
- I have access to the preschool's parent policy statement or handbook (available online at www.berryschapel.org) and verify my understanding and agreement of the content. A hard copy is available upon request.

_____ _____

Signature of Parents(s)/Guardians(s) Date

If, for any reason, a student leaves the program before the end of the year, a fee of 1 month's tuition and the remainder balance of the current month's tuition will be due.