



School Age Application~ Fannie Battle Day Home for Children
 911 Shelby Avenue ▪ Nashville, TN 37206
 (615) 228-6745 Phone (615) 228-8773 Fax
 www.fanniebattle.org



Date of preservice visit _____ Date of admission _____ Child's birth date _____
 Child's full name _____ What does child prefer to be called _____
 Address _____ H# _____

Parents: (Parents/Families must be working and/or attending school in order for their child to be enrolled.)

Mother's name _____	Father's name _____
Address _____	Address _____
H# _____ C# _____	H# _____ C# _____
Where employed/school _____	Where employed/school _____
Hours _____ W# _____	Hours _____ W# _____

Transportation Plan: (To insure the safety of your child, please list other adults to whom your child may be released or who are authorized to provide transportation for your child.)

Name _____	Phone# _____
Name _____	Phone# _____
Name _____	Phone# _____
Name _____	Phone# _____

Emergency Information:

Name and relationship of person authorized to act for parent in an emergency _____

 Address _____ H# _____ C# _____ B# _____
 Where employed _____ Hours _____ W# _____
 Name of Physician _____ Address _____ O# _____

School Information:

What school does your child attend? _____
 What grade? PK__ K__ 1__ 2__ 3__ 4__ Other__ Teacher's name _____
 Explain your child's adjustment to school _____

 What kind of grades does your child make? Excellent__ Good__ Average__ Poor__

Other Information:

List other children in family and birth dates _____

Would you describe your child as: Active _____ Quiet _____ Friendly _____ Shy _____

Explain how your child plays with other children (examples; likes to play alone, plays well with others, plays rough, etc.) _____

List child's hobbies and other interests _____

Explain any developmental delays that your child possesses (speech, physical, emotional, or mental)

Explain any behavioral problems that your child exhibits at home or has exhibited in the past at school, daycare, or in other settings _____

Please list all known and/or suspected allergies _____

Explain any concerns that we should be aware of (examples; they don't like to playing with other children, they won't eat enough, they have many difficulties with their speech, etc.) _____

Explain any likes, dislikes, or fears that we should be aware of (examples; they don't like milk, they really like to read to their friends and teachers, they enjoy art, they don't like to play outside, they are afraid of the dark and dogs, etc.) _____

Does your family have the opportunity to spend quality time together and if so what activities do you enjoy together the most (examples; feeding the ducks, going to the park, eating dinner together, watching television, riding bikes, etc.) _____

Explain any family issues that would effect your child while at the Day Home (examples: custody issues, legal guardianship, etc.) _____

Signature of Parent/Guardian & Date