

Preschool Application

Harpeth Hills Preschool 2026-2027



Your Child

Parents

Transportation

Medical

Background

Placement

...

Total \$75.00

Your Child

Please complete all information.

* Child's Name

First Last

* Middle Name

Name child goes by

* Gender

☐ Boy

☐ Girl

* Date of birth

MM DD YYYY

Preschool Application

Harpeth Hills Preschool 2026-2027



Total  \$75.00

Parents

Please complete all information.

★ Child's Home Address

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

United States

Country

★ Mother's Name

First

Last

★ Mother's Email

★ Mother's Employer

Work Phone

- -

★ Mobile

- -

★ Father's Name

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First

Last

★ Father's Email

--

★ Father's Employer

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Work Phone

	-		-	
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★ Mobile

	-		-	
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★ Would you like to be placed on the Preschool email list?

☐ Yes

☐ No

★ Who does the child live with?

☐ Mother

☐ Father

☐ Both

Transportation Plan

- * 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.

Maximum of 200 characters.

0

Emergency Contact

- * Name of person, other than the child care provider, authorized to act for parent in emergency:

First

Last

- * Address

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

- * Mobile

 - -

Where employed:

* Name of child's physician:

First

Last

* Office Phone

-

-

* Address

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

* Preferred Hospital

* How did you hear about Harpeth Hills Preschool? (Friends, Family, Church, Social Media, Other?)

Medical Information

MANDATORY - please complete the following.

If YES to any questions, please explain.

Is applicant taking any medication on a regular basis?

Does your child have any chronic illnesses or any special medical conditions?

Does your child have any physical restriction or unable to fully participate in all activities?

If applicant has any medical condition, which might require special consideration or hamper his/her participation in the school program, please explain.

If applicant has ever been withdrawn or dismissed from a school for disciplinary reasons, please explain

Has your child ever been professionally evaluated for speech, behavior or any type of developmental delay? Please indicate diagnosis.

Does your child function at the level of other children in their age group?

Does your child require one-on-one supervision on a regular basis?

Can your child communicate his/her needs?

Does your child have any known allergies to foods, drugs, insects, animals, etc.? If so, what?

Are any allergies life threatening and will your child need an Epi-Pen at school?

* Parent understands that prior to fall enrollment, they must provide an updated State of TN Immunization Form:

☐ Yes

☐ No

* I do hereby authorize emergency medical care:

☐ Yes

☐ No

Background Information

- * Please list name and date of birth for all other children in your family.

- * Has a sibling previously attended Harpeth Hills Preschool?

☐ No

☐ Yes

Has your child had previous preschool experience? If so, where?

Church affiliation:

- * Does your child nap at home?

☐ Yes

☐ No

- * Does your child speak?

☐ Well

☐ Fairly well

☐ Not at all

- ★ Is your child potty trained and can your child manage clothing at the toilet?

- ★ Is the entire family together at any time daily? What are some ways your child enjoys play at home?

- ★ Does your child play well with others and how do they react to conflict with other children? Does your child function at an age-appropriate level?

Classroom Placement

We prayerfully consider the placement of each and every child, and we take many things into consideration (birth date, size of classroom, boy-girl ratio, readiness and classroom dynamics) when placing children in a particular class. All classes are subject to change based on availability and enrollment. Enrollment may vary due to birth dates. We do welcome your input but we do not take placement requests for specific staff or classmates.

Age of child as of Sept. 30, 2026

Please select the desired class.


Does your family attend Harpeth Hills Church of Christ?

☐ Yes

☐ No

This space is provided for you to express your desires of the teachers and staff of the school, the program itself, etc. We want to know what is important to you in this regard in order to better meet the needs of your child and to maintain open communication with you as a parent. You may also make any comments regarding placement:

Our registration fee is \$75 (non-refundable) per child, due with application.

Would you like to apply for any additional children from your household to attend Harpeth Hills Preschool? 

☐ No, I'm ready to pay the \$75 registration fee.

☐ Yes, I need to register another child before I pay.