



Woodmont Baptist Weekday Preschool
2100 Woodmont Boulevard
Nashville, TN 37215
Phone: (615) 297-2810 Fax: (615) 297-8969
Email: wbwpoffice@woodmontbaptist.com
Website: www.woodmontbaptist.com/wbwp

Date Received: _____ Registration # _____

WBWP APPLICATION – 2026 – 2027

Child's Name _____ Name Used _____ Sex M F

Date of Birth ____/____/____ Age _____ Current Class _____ Home Phone _____

Address _____ City/State/Zip _____

Child's age as of August 15, 2026 (years & months) _____

Name of Parents/Guardians _____

E-mail to receive WBWP information _____

Parent's Day Out

Days requested per week _____. Check the days below you wish to attend.

INFANTS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1 st Choice					
2 nd Choice					

ONES	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1 st Choice					
2 nd Choice					

TWOS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1 st Choice					
2 nd Choice					

3's – Preschool and 4's - Pre-K

Days requested per week _____. 3-year-olds are required to attend at least 2 days per week. Pre-K (4-year-olds) are required to attend at least 3 days per week. Check the days below you wish to attend.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1 st Choice					
2 nd Choice					

5's - Jr. Kindergarten

5-year-olds are required to attend Monday -Thursday with the option of adding Friday.
(Children must have turned 5 by August 15, 2026, to enroll in our Jr. Kindergarten class)
Mark the days below you wish to attend.

_____ Monday – Thursday

_____ Mon – Tue – Wed – Thu - Fri

NOTE: The wait list fee of \$50.00 required with this form is NON-REFUNDABLE.

Signature of Parent _____ **Date** _____

For Office Use Only:

Pre-Placement Tour _____

Class Assignment _____

Fees Paid: \$ _____

Cash _____

Check # _____

Received by _____

FAMILY INFORMATION

Father's Name _____ Mother's Name _____
Occupation _____ Occupation _____
Employer _____ Employer _____
Business phone _____ Cell _____ Business phone _____ Cell _____
E-Mail _____ E-Mail _____

Marital Status of Parents Married _____ Separated _____ Divorced _____ Single _____
Stepfather _____ Stepmother _____
Custody/Visitation arrangements _____
Is this child adopted? _____ At what age _____ Does child have adoption information? _____

Other Children Living with Child:

Name _____ Age _____ School _____
Name _____ Age _____ School _____
Name _____ Age _____ School _____

Please list siblings in our program and days attending: _____

Childcare arrangements during the day if not parent _____

Church Affiliation of Father _____ Mother _____

If your family attends church on a regular basis, where? _____

CHILD'S SOCIAL DEVELOPMENT

Previous School Experience (Where)? _____

Will your child be attending another preschool while attending WBWP? _____

Has this child had opportunities to play with other children? _____ yes _____ no

What age children is this child with most often, if any? _____

Does this child play well with other children? _____

List child's favorite activities (include indoor and outdoor activities) _____

When your child is upset, what is most likely to calm and comfort him/her? _____

What discipline do you find to be most effective with your child when he exhibits inappropriate behavior?

CHILD'S PHYSICAL DEVELOPMENT

Is your child right or left-handed? _____

Does your child have any allergies? _____ If so, what are they? _____

Please detail any special instructions regarding food or eating: _____

Please detail any special sleeping or napping instructions: _____

Please detail what words your child uses for using the toilet: _____

HEALTH HISTORY

Please circle yes or no to the following questions regarding your child's health.

- | | | |
|-----|----|---|
| Yes | No | 1) Were there any problems with your pregnancy or child's birth? |
| Yes | No | 2) Was his/her birth weight under 5 ½ pounds? |
| Yes | No | 3) Did your child have any problems in the hospital? |
| Yes | No | 4) Has your child ever been in the hospital overnight? |
| Yes | No | 5) Is your child taking any medication? Please list _____ |
| Yes | No | 6) Any allergies or reactions to medicines, shots, or insects? |
| Yes | No | 7) Has your child had asthma or wheezing? |
| Yes | No | 8) Does your child have speech or hearing problems? |
| Yes | No | 9) Has your child had more than two ear infections in a year? |
| Yes | No | 10) Has your child had tonsillitis? |
| Yes | No | 11) Does your child have trouble with his/her eyes or seeing? |
| Yes | No | 12) Has your child had a bladder or kidney infection? |
| Yes | No | 13) Does he/she have seizures, fits, or shaking spells? |
| Yes | No | 14) Have you ever been told that your child has a heart murmur? |
| Yes | No | 15) Has your child ever had a bumpy, swollen reaction to a TB test? |
| Yes | No | 16) Has your child ever been with anyone having TB? |
| Yes | No | 17) Does your child have tubes in his/her ears? |
| Yes | No | 18) Does your child experience gag reflex when eating? |
| Yes | No | 19) Does your child have any special problems not indicated above? If so, please explain: |

EMERGENCY INFORMATION

Name of your child's physician _____ Phone _____

Address _____ City/State/Zip _____

Hospital preference: St. Thomas Vanderbilt Centennial

Please list emergency contacts if we cannot reach you (please make sure they are authorized to act on behalf of your child).

Name _____ Phone _____

Name _____ Phone _____

Other than WBWP personnel, the following persons are authorized to transport/pick up my child:

Name _____ Phone _____

Name _____ Phone _____

In the event of an emergency, every effort will be made to contact you and/or other people listed on your emergency contact card. Please sign this authorization for WBWP personnel to act on your child's behalf in the event of an emergency.

"I give WBWP personnel permission to act in case of an emergency situation with my child or children."

Signed _____ Date _____

Parent of: _____
