



# LAUNCHPAD PRESCHOOL AT FOOTHILLS CHURCH

1551 West Lamar Alexander Pkwy | Maryville, TN 37801  
Phone 865-980-8878 | Fax 865-982-7307  
foothillschurch.com/launchpad

## Enrollment Application

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### Student Information

Application Date \_\_\_\_\_ Applying for (please circle): MWF TR 5Days Summer (TW only)

Interested in (not available during summer): Morning Care After Care

Student Name \_\_\_\_\_

Other Preferred Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

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

Student lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Stepmother \_\_\_\_\_ Stepfather \_\_\_\_\_ Other \_\_\_\_\_

*If other, additional paperwork may be required.*

Are there siblings in the home? Age \_\_\_\_\_ Gender \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_

Permission to use photos for promotional materials? yes no

Permission to use photos for Foothills Church and/or Launchpad social media posts? yes no

Has your student ever been in a structured program? Yes  No  If yes, where and date of enrollment \_\_\_\_\_

May we contact them?  Yes  No Phone \_\_\_\_\_

Has your student ever been denied enrollment or re-enrollment? Yes  No  If yes, please explain \_\_\_\_\_

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### **MEDICAL INFORMATION**

Primary Physician / Pediatrician \_\_\_\_\_

Phone \_\_\_\_\_ Approximate date of last appointment \_\_\_\_\_

Address \_\_\_\_\_

Allergies/Asthma: \_\_\_\_\_

### **EATING HABITS**

At what time does your student typically eat breakfast? \_\_\_\_\_ Lunch? \_\_\_\_\_ Dinner? \_\_\_\_\_

Does your student feed himself or herself?  Yes  No

If student refuses to eat, how is this handled? \_\_\_\_\_

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

### **SLEEP HABITS**

Has room alone?  Yes  No If no, who does the child room with? \_\_\_\_\_

Student typically goes to bed at \_\_\_\_\_ wakes up at \_\_\_\_\_

Does your student still nap? If so, how long is a typical nap? \_\_\_\_\_ Average total sleeping hours \_\_\_\_\_

### **TOILET HABITS**

Your student is currently \_\_\_\_ potty trained \_\_\_\_ potty training/in pull-ups \_\_\_\_ in diapers

Does the student take himself or herself?  Yes  No

Does the student tell you when they need to go?  Yes  No

### **SPEECH & PHYSICAL GROWTH**

Does your student talk well?  Well  Fairly Well  Not Very Well

Does anyone read to your student?  Yes  No How often? \_\_\_\_\_

If there is any additional information you think we should know about your student please use an additional sheet of paper to explain.

**Father/Guardian**

**Mother/Guardian**

First MI Last Title

First MI Last Title

Address \_\_\_\_\_

Address \_\_\_\_\_

City State Zip

City State Zip

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Work Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Hours \_\_\_\_\_

Work Hours \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Attend Regularly? Yes  No

Attend Regularly? Yes  No

Give a brief description of your relationship with Jesus Christ \_\_\_\_\_

\_\_\_\_\_

Emergency Contacts if parents are unavailable: Child may be released to emergency contact(s) Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

For the child's safety, list other persons to whom the child may be released:

Name	Relation	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Why do you want your child to attend Launchpad Preschool? \_\_\_\_\_

\_\_\_\_\_

## Parent Declaration of Agreement and Understanding

- ◆ We, as parents, accept the challenge to “train up a child in the ways he should go” (Proverbs 22:6), and we do state that this training will be carried out in the home. We place our trust in Launchpad Preschool to extend that training more completely.
- ◆ We do hereby state that we have made a thorough investigation of the school’s program, curriculum, discipline, etc.; and we agree to make them our full-hearted choice for the coming school year.
- ◆ We understand that we have an obligation to be actively involved in the education of our children. We agree to uphold and support the academic standards of this school by providing a place at home for our child to explore what is learned in the classroom.
- ◆ We will faithfully support the school through our prayers and a positive attitude and in keeping with Matthew 18; we are committed to giving a good report by sharing any complaints and negative comments only with the people involved. Unresolved issues will be taken care of by using the school’s chain of command.
- ◆ We understand that the standards of Launchpad Preschool do not tolerate profanity, obscenity in work or action, dishonor to the Trinity and the Word of God, disrespect to the personnel of the school, or continued disobedience to the established policies for the school.
- ◆ We believe that discipline is necessary for the benefit of each student as well as for the entire school. We give permission to the teachers and administration to make and enforce regulations in a manner consistent with the Christian principles and discipline set forth in the Scriptures. We further agree that we will cooperate and discipline our child in the home as needed.
- ◆ We pledge that if, for any reason, our child does not respond favorably to the school, we will do everything in our power to cooperate with the school to help our child make the necessary adjustments. If these adjustments cannot be made, then we agree to quietly withdraw our child.
- ◆ We will support the school by involvement in parent-teacher conference, open house, parent-teacher fellowship, workdays, and other school-sponsored meetings and activities.
- ◆ We give permission for our child to take part in all school activities. We understand that the school does not provide student medical/accident insurance and that it is our responsibility to provide our own.
- ◆ We understand that Launchpad Preschool at Foothills Church is licensed through the State of Tennessee and must participate in mandated evaluations and observations. I give permission for my student to be present while these evaluations and observations are being performed.
- ◆ We have read and understand the financial information and pledge to fulfill our responsibilities accordingly. We understand that tuition rates do not cover all the costs of operating the school and thus my participation is needed through other various ways such as volunteer involvement, monetary giving, and regular prayer efforts for the benefit of our children.
- ◆ We understand that if at any time the school determines, in its sole discretion, that my actions do not support the ministry, or reflect a lack of cooperation and commitment to the home and school working together, the school has the right to request the withdrawal of my child(ren).

We, as parents of the student, do sincerely give our pledge to the above items. We understand that failure of the parents or student to comply with the established regulations and discipline, parental commitment, or failure to meet financial obligations will forfeit the student’s privilege of attending Launchpad Preschool. We understand the policies and agree to abide by them.

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

Date \_\_\_\_\_

### Financial Information *(Please Check One)*

	<u>School Year Plan</u>	<u>Summer Plan</u>
Payment Plan	<input type="checkbox"/> One Payment (August)	<input type="checkbox"/> One Payment (June)
	<input type="checkbox"/> Two Payments (August & January)	<input type="checkbox"/> Two Payments (June & July)
	<input type="checkbox"/> Ten Monthly Payments (August – May )	

Person responsible for school account:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_