



Director Use Only

_____ Signed Application	_____ Registration Fee Paid
_____ Student Health Form	_____ Immunization Records
_____ Additional Family Form	_____ Medical Waiver
_____ Parent Handbook Statement	_____ Interview Completed w/ tour
_____ Financial Agreement Signed	_____ Accepted
_____ Declined	

**Enrollment Application**

**Revolution Preschool**

Associated with Revolution Church

3419 East Lamar Alexander Parkway, Maryville, Tn. 37804

Phone 865-984-9200

[www.riorevolution.com/revolution-preschool](http://www.riorevolution.com/revolution-preschool)

New Student Information

Application Date \_\_\_\_\_

Applying for 2-day (M/W), (T/Th) \_\_\_\_\_ 3-day (M/W/F) \_\_\_\_\_ 5-day (M-F) \_\_\_\_\_

School Year \_\_\_\_\_

Birthdate \_\_\_\_\_

\_\_\_ Male \_\_\_ Female

Student's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

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

Parent/Guardian's Phone: \_\_\_\_\_ Parent/Guardian's Cell Phone: \_\_\_\_\_

Student lives with \_\_\_ Mother \_\_\_ Father \_\_\_ Stepmother \_\_\_ Stepfather \_\_\_ Legal Guardian \_\_\_ Other

Special instructions regarding drop off/pick-Ups:

Permission to publish information? \_\_\_ yes \_\_\_ no (photo may be used in promotional materials)

Student Information

Student's Name \_\_\_\_\_

Has this student ever been in a structured program ? \_\_\_yes \_\_\_no

If yes, where and date of enrollment \_\_\_\_\_

May we contact them? \_\_\_yes \_\_\_no Phone \_\_\_\_\_

Has the student ever been denied enrollment or re-enrollment? \_\_\_yes \_\_\_no

If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

Pediatrician's/Family Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Eating Habits

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

Does the student feed himself or herself? \_\_\_yes \_\_\_no

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

Favorite foods: \_\_\_\_\_ Dislike foods: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Sleeping Habits

Has room alone? \_\_\_yes \_\_\_no If no, who does the child room with? \_\_\_\_\_

Child goes to bed at \_\_\_\_\_ Average sleeping hours \_\_\_\_\_ Naps from \_\_\_\_\_ to \_\_\_\_\_

Bathroom Habits

Time at which student is taken to the bathroom \_\_\_\_\_

Does student go alone to the bathroom \_\_\_yes \_\_\_no

Does student tell you when they need to go? \_\_\_yes \_\_\_no

What word is associated with urinating? \_\_\_\_\_ Bowel Movement? \_\_\_\_\_

Speech & Physical Growth

Does the student talk well? \_\_\_Well \_\_\_Fairly Well \_\_\_Not very well

Does anyone read to the student? \_\_\_Yes How often? \_\_\_\_\_ \_\_\_No

Is there any additional information you think we should know about your child?

Lined writing area consisting of 22 horizontal lines.

Family Information

Father/Guardian

Mother/Guardian

\_\_\_\_\_  
Last Name                      First                      MI                      Title

\_\_\_\_\_  
Last Name                      First                      MI                      Title

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Cell# \_\_\_\_\_ Email \_\_\_\_\_

Cell# \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone# \_\_\_\_\_

Employer's Phone# \_\_\_\_\_

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

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

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

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

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

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

Attend Regularly? \_\_\_Yes \_\_\_No

Attend Regularly? \_\_\_Yes \_\_\_No

Emergency Contacts if parents are unavailable:

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

Address \_\_\_\_\_

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

Address \_\_\_\_\_

If parents are divorced, which parent has custody? \_\_\_\_\_

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

Name

Relation

Phone

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Parent's 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 Revolution Preschool to extend the 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 children to explore what is learned in the classroom.
- We will faithfully support the school through our prayers and a positive attitude. 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 Revolution Preschool do not tolerate profanity, obscenity in work or action, dishonor to the Trinity and Word of God, disrespect to the personnel of the school, or continued disobedience to the established policies for the school.
- We pledge that if, for any reason, our children does not respond favorably to the school, we will do everything in our power to cooperate with the school to help our children make the necessary adjustments. If these adjustments cannot be made, then we agree to quietly withdraw our children.
- We will support the school by involvement in parent-teacher conference, open house, parent-teacher fellowship, workdays, and other school-sponsored meetings and activities, i.e. field trips. We understand that all field trips (off campus) requires the attendance of a parent or authorized adult in attendance.
- We give permission for our child to take part in all school activities, including school-sponsored trips away from school grounds. We understand that the school does not provide student medical/accident insurance and that it is our responsibility to provide our own. We also understand that vans and /or buses will not be used for transportation and hereby understand that a parent will be required to participate.
- 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 it's 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 children.
- **To withdraw your children from Revolution Preschool, we ask that you give a two-week notice in writing if you wish to withdraw your child from the program for any reason. If you fail to give a two-week notice, we will have to charge you for the next month's tuition upon your withdrawal request.**

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

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ I understand that checking the box constitutes a legal signature confirming that I acknowledge and agree to the above

### Financial Information

Person responsible for payments: Name \_\_\_\_\_

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