



Hospitots
1219 Trotwood Ave
Columbia TN 38401

The Children's Academy
at Spring Hill
1002 Secluded Lane
Spring Hill TN 37174

The Children's Academy
At Franklin
1106 Battlewood St
Franklin TN 37069

Enrollment Application

(Please complete one application for each child you are enrolling in the Academy)

CHILD (please print)

Full Name of Child _____

What does the child like to be called? _____

Birth date (MM/DD/YY) _____ Age _____

What is the primary language spoken at home? _____

Please list any special needs your child may have: _____

PARENTS (please print)

Child's Mother's Name _____ SS# _____

Street Address _____

City _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

Where Employed _____ Position _____

Work Address _____ Work Phone _____

City _____ Zip _____

Customary work hours _____ to _____

Child's Father's Name _____ SS# _____

Street Address _____

City _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

Where Employed _____ Position _____

Work Address _____ Work Phone _____

City _____ Zip _____

Customary work hours _____ to _____

NOTE: If parents are divorced, what is the custody arrangement? (Upon enrollment, legal documentation is required.) _____

In the event that you cannot be reached, we must have at least 2 emergency contacts.

In order to protect the privacy and ensure the safety of your child, please indicate which of the following apply to the persons in this section:

E =EMERGENCY (persons authorized to act for parent in an emergency)

T =TRANSPORTATION (adults – must be over 18 yrs - to whom your child may be released or who are authorized to provide transportation for your child.)

I =INFORMATION (persons authorized to receive information about your child)

A = ALL OF THE ABOVE

Name	Telephone Numbers	Relationship	(circle those that apply)
			E T I A
			E T I A
			E T I A
			E T I A
			E T I A
			E T I A

Name of Child's Physician/Health Resource _____

Office Phone _____ Group Number _____ Home Phone _____

Address _____

Name of Child's Dentist _____ Office Phone _____

I give permission to consult my child's physician/health resource listed above in case of emergency if parent cannot be reached.

Parent's signature _____ Date _____

Are you interested in being a part of the Parent Support Team? { } Yes { } No

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For Center Use Only	
Child's Name _____	
Date Deposit Received _____	Amount \$ _____
Waiting list Date _____	
Pre-Placement Visit Date _____	
Room Assignment _____	Weekly Fee \$ _____
Date Child is Enrolled _____	Date Child is Withdrawn _____
Reason for Withdrawal _____	