



4141 Ringgold Road | East Ridge, Tennessee

Phone: 423-713-5948 Fax: 423-855-1285

Email: lkqcharteracademy@gmail.com

Documentation needed for Pre-K Registration

- **Parent/Guardian's ID**
- **Up to date Immunization Records**
- **Enrollment Fee**
*** We do accept Tennessee Vouchers***
- **Completed Enrollment Form**



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Pre-K Enrollment Form

Full Name of Child: _____ **Date of Admission:** _____

Child's DOB: _____ What name does the child goes by: _____

Primary Language Spoken at Home: _____

Is the child related to the primary caregiver? No Yes Relationship: _____

Child's last school (if applicable): _____
Name Address Phone

Child's immunization records up to date: Yes No If no, upcoming doctor appointment date: _____

Is the Child in State Custody: Yes No

Person name that has Custody?

Name Address Phone

Name of Agency: _____

Agency Address: _____

Parents/Guardian Information:

Mother's Name: _____ Father's Name: _____

Home Address: _____ Home Address: _____

City State Zip City State Zip

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____



Parents/Guardian Information Continue:

Employment: _____ Employment: _____

Work Address: _____ Work Address: _____

City State Zip City State Zip

Work Phone: _____ Work Phone: _____

Work Hours: _____ Work Hours: _____

Emergency Contact Information:

1. Name of person, other than the childcare provider, authorized to act for parent in an emergency.

Home Address: _____ Home Phone: _____
City State Zip

Place & Address of Employment/School:

_____ City State Zip

Work Phone: _____ Work Hours: _____

Alternate Phone Numbers (cell): _____

2. Name of person, other than the childcare provider, authorized to act for parent in an emergency.

Home Address: _____ Home Phone: _____
City State Zip

Place & Address of Employment/School:

_____ City State Zip

Work Phone: _____ Work Hours: _____

Alternate Phone Numbers (cell): _____



Physician Contact Information:

Name of Physician: _____ Phone: _____

Address: _____
City State Zip

Background Information:

Other Children in the Family	Date of Birth	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Experiences with Others:

What are some of the ways the child plays at home?

Does he/she play with children from other families? _____

Does he/she play well with children from other families?



Eating Habits:

What is the child's general attitude toward eating? _____

If the child refuses to eat, how is this handled and by whom? _____

Food Favorites: _____

Food Dislikes: _____

Food Allergies: _____

Sleep Habits:

Naps from _____ to _____ Average Hours of Naps: _____

Attitude toward going to bed: _____

If there is difficulty, how is this handled? _____

Habits associated with going to bed. _____

Is bed wetting an issue? _____ At nap time? _____ At night? _____

If yes, how is the situation handled? _____

Toilet Habits:

Does the child tell you when he/she needs to go, and does he/she go willingly? ____ No ____ Yes

Can he/she manage his/her clothes during potty time? ____ No ____ Yes



Child's Development and Care:

Does your child have any specific fears (e.g., loud noises, animals)?

What comforts your child when upset (e.g., favorite toy, blanket)?

Does your child have any special needs, developmental concerns, or require special accommodations?

The child talks (circle one): Well Fairly Well Not Very Well Not at All

Does anyone read to the child? _____ How regularly? _____

Which of the following words would you use to describe the child (circle all that apply):

active quiet thin average weight heavy tall average height short friendly
unfriendly

Is there any other information you think we should have about the child?

Ongoing Medical Care:

Does the child have any medical diagnosis that requires ongoing care? _____

If yes, explain what type of care is administered at home and by whom? _____

Are you requesting that this care be provided at the facility? Yes No If yes, describe the care required:

(Request a doctor's statement for any specified requests for care at the facility).



Child Information Sheet

Child's name	
Address	
Home phone	
Parent/Guardian #1 Name	
Parent/ Guardian #2 Name	
Parent/Guardian #1 Daytime phone Cell	
Parent/Guardian #2 Daytime phone Cell	
Friend Name Phone	
Emergency Contact Name Phone	
Emergency Contact Name Phone	



Student Disciplinary Codes

1-Violation

1 Day suspension

2- Violation /Violence

3 Day suspension

3- Serious Violation

5 Day suspension

Violation 1- using- profane, offensive language.

Violation 2- kicking, biting, hitting, spitting.

Violation 3- fighting- with another student, sexual assault, theft.

Name of Child _____

Parent Signature _____

Date of offense _____

Action Taken _____

Explanation of offense



Enrollment Form Checklist



Items	Completed	Date	Initials
Application	_____	_____	_____
Child's Immunization	_____	_____	_____
Parents ID	_____	_____	_____
Parents Rules	_____	_____	_____
Safety Curriculum Notification/ Influenza Notification	_____	_____	_____
Childcare Certificate	_____	_____	_____
LKQ Charter Academy Handbook Given Out	_____	_____	_____
8. Parents Acknowledgments Of LKQ Charter Academy Policies & Procedures	_____	_____	_____

LKQ Charter Academy School Leader
Signature of Acknowledgments and completed enrolment checklist:

_____ Date _____

Parents/Guardian
Signature of Acknowledgments and completed enrolment checklist:

_____ Date _____