



Project Reflect's Pre-K Program Cumulative File Checklist

Student Name: _____

Date of Birth: _____ **Age:** _____

Orientation Date: _____ **Time:** _____

Projected Enrollment Date: _____

_____ **Birth Certificate**

_____ **Social Security Card**

_____ **TN Dept. of Health Immunization Certificate**

_____ **Proof of Address**

_____ **Parent/Guardian ID/Drivers License**

_____ **Home Language Survey**

_____ **Migrant Survey**

_____ **Student Media & Display Release**

_____ **Medical History Form**

Summary of Licensing Requirements Received On: _____

Parent Name: _____

Parent Signature: _____ **Date:** _____

File Review By: _____ **Date:** _____



Save Every Child
Transforming urban America through Education and Policy Reform

Project Reflect Pre-K Program

Enrollment Application

730 Neely's Bend Road, Madison, TN 37115
(615) 228-9886 phone (615) 865-6308 fax

PLEASE PRINT **Date Received (Office Use Only):** _____ **School Year Applying for:** _____

Student's Social Security Number _____		Student ID Number _____	
Student's Last Name _____		First Name _____	Middle Name _____
Race (check only on <input type="checkbox"/> Asian <input type="checkbox"/>	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Indian (American)	
<input type="checkbox"/> Pacific Islander <input type="checkbox"/>	<input type="checkbox"/> White <input type="checkbox"/>	<input type="checkbox"/> Black	
Sex _____	Date of Birth _____	Home Phone _____	Student's Grade _____
Student's City of Birth _____	Student's County of Birth _____	Student's State of Birth _____	Student's Country of Birth _____
Name of Mother/Legal Guardian _____			
Daytime Phone _____	Cell Phone _____	E-mail Address: _____	
Legal Home Address _____		Apt. Number _____	
City _____	State _____	Zip _____	
Name of Father/Legal Guardian _____			
Daytime Phone _____	Cell Phone _____	E-mail Address: _____	
Legal Home Address _____		Apt. Number _____	
City _____	State _____	Zip _____	

List any known allergies: _____

How did you hear about the Project Reflect Pre-k Program? _____

Required Emergency Contact Information (List anyone who has permission to pick your child up from school):		
Name of Contact #1 _____	Phone Number(s) _____	Relationship _____
Name of Contact #2 _____	Phone Number(s) _____	Relationship _____
Name of Contact #3 _____	Phone Number(s) _____	Relationship _____

LIABILITY WAIVER

I, _____, LEGAL GUARDIAN, DECLARE MY CHOICE FOR MY CHILD TO ATTEND PROJECT REFLECT'S PRE-K PROGRAM. I GIVE PERMISSION TO SMITHSON CRAIGHEAD ACADEMY STAFF TO: **1) VIEW ALL RECORDS CONCERNING MY CHILD, 2) TO PHOTOGRAPH MY CHILD AND TO USE THOSE PHOTOGRAPHS FOR PUBLICITY PURPOSES, 3) TO ATTEND ALL FIELD TRIPS AWAY FROM SCHOOL PROPERTY WHILE TRAVELING BY SCHOOL BUS, 4) RELEASE PROJECT REFLECT INC. STAFF, TEACHERS, SMITHSON CRAIGHEAD ACADEMY, AND RELATED PARTNERS OF ALL LIABILITIES.**

PARENT/GUARDIAN'S SIGNATURE _____ **DATE** _____

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Madison, TN 37115
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Project Reflect's Pre-K Program

Statement of Residence: Where does the applicant stay at night? *(Please check ONE)*

- Home/Apartment owned or rented by the Applicant's parent/legal guardian
- In a motel
- A campsite
- In an automobile
- With a relative or friend *(family does not have a residence)*
- Other housing *(please explain)* _____

Home Language Survey

1. What is the first language your child learned to speak? _____
2. What language does this child speak most often outside of school? _____
3. What language do people usually speak in your child's home? _____

Please list siblings in the household that are enrolled in School.

1. Name _____ DOB ___/___/___ School _____
2. Name _____ DOB ___/___/___ School _____
3. Name _____ DOB ___/___/___ School _____
4. Name _____ DOB ___/___/___ School _____

Media Release and Student Display Consent Form

I give my permission for **Project Reflect's Pre-K Program** and all of its affiliates to record, film, photograph, interview, and/or publicly exhibit, display, distribute, or publish my child's name, appearance, or words for marketing purposes. This consent provides permission to the school staff and anyone outside of the school operating on behalf of the school, including their social media outlets. I release Project Reflect Inc., Smithson Craighead Academy, and all of their staff from any claims that may arise as a result of my child's appearance or participation.

Pre-K

Student's Name (please print)

Grade

Project Reflect's Pre-K Program

Student's School

Name of Parent or Guardian (please print)

Signature of Parent or Guardian

Date

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