



Temple Preschool

5015 Harding Rd. Nashville, TN 37205

Phone: 615-356-8009 Fax: 615-352-9365

## Receipt of Information Form

Your signature below indicates that you have received and read all of the following. Please check each item that you have received and return this form, and the other forms indicated for return, upon your orientation visit.

Please fill in the date of your scheduled orientation visit in the space provided.

Thank you

Corye Nelson  
Preschool Director

I have received each of the following:

- \_\_\_ Parent Handbook / Policies
- \_\_\_ School Calendar
- \_\_\_ Tennessee State licensing Requirements Summary
- \_\_\_ Parent Information Card
- \_\_\_ Influenza Information Notification Form
- \_\_\_ Tennessee Child Health record ( Immunization form)
- \_\_\_ Orientation visit \_\_\_\_\_  
(indicate scheduled date of visit)

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent's Signature)

Child's name \_\_\_\_\_