

Learning Tree Preschool ENROLLMENT FORM

Today's Date_____

Child's Name _____ Birthday_____

Address_____

City_____ Zip Code _____

Parent Name _____ Phone _____

Email Address _____

Address_____

Preferred method of contact _____ phone _____ email _____ text

Parent Name _____ Phone _____

Email Address _____

Address _____

Preferred method of contact _____ phone _____ email _____ text

Start Date _____

Days attending **Monday, Wednesday, Friday 8:30 – 11:30** _____

Monday, Wednesday, Friday 12:30 – 3:30 _____

Tuesday, Thursday 8:30 – 11:30 _____

Tuesday, Thursday 12:30 – 3:30 _____

Tuition **Monday, Wednesday, Friday** \$179 per month _____

Tuesday, Thursday \$129 per month _____

Enrollment Fee: **\$50 Payable Upon Enrollment**

Parent Signature _____

EMERGENCY CARD

Child's Name _____ Birthday _____

Address _____

(Circle) Mom, Dad, Other

Name: _____

Phone # _____

Other # _____

(Circle) Mom, Dad, Other

Name: _____

Phone # _____

Other # _____

IF the Parent/ Guardian cannot be reached in an emergency,
please call

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Medical Concerns _____

Allergies _____

In case of an emergency, what is your hospital preference?

Doctor's Name _____ Phone # _____

Parent Signature _____

EMERGENCY CONTACT INFORMATION

School Year _____

Child's Name _____ Nickname _____

Birthday _____ Home Phone _____

Address _____

Parent/ Guardian Name _____ Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent/ Guardian Name _____ Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

Who is the best person to contact during the day? _____

Person(s) to call in an emergency if Parent's cannot be reached

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address: _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address: _____

Person(s) authorized to pick up your child from preschool

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Doctor's Information

Name _____ Phone _____

Allergies/ Health Concerns _____

If yes, are they life threatening? _____

Parent Signature _____ Date _____



Permission to Photograph

Dear Parents/ Guardians,

As a way of documenting student learning and sharing all the wonderful activities and learning happening in our classroom, I take photos and videos of our learning. These photos and videos will be displayed in the classroom, on the Learning Tree Preschool website and Facebook page. Please sign and date this form giving or not giving consent for:

___Yes ___ No Permission to take photos and display in the classroom, on the school website and private Facebook page

___Yes ___ No Permission to take videos and display them on the school website and private Facebook page.

Parent Signature

Date

Student's First and Last Name

Medical Treatment Authorization Form

Minor's Full Legal Name: _____

Date of Birth: _____ Gender: _____

Medical Information

Primary Care Physician's Name: _____

Phone #: (_____) _____

Medical Insurance Provider: _____ Policy #: _____

Allergies to Medications: _____

Allergies to Foods: _____

Medical Conditions for which the child is receiving treatment:

Prescription Drugs the minor is taking: _____

Other Pertinent Medical Information: _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S). As custodian of the above listed minor. I grant my authorization and consent for _____, the designated adult to administer general first aid treatment for minor injuries or illnesses. If the injury or illness is severe, I authorize him or her to seek professional emergency personnel to attend, transport, and treat the minor and to issue consent for any medical care deemed advisable by a licensed medical professional or institution. I authorize the designated adult to exercise best judgement upon the advice of medical or emergency personnel.

Date Signed: _____

Parent/ Guardian Signature: _____

Printed Name: _____

Allergy/Special Needs Information

Does your child have any allergies or dietary restrictions that we should be aware of?

Yes_____ No_____

If yes please explain:_____

Please provide a completed allergy emergency plan for your child from your health care provider if the allergy is serious or life threatening.

Does your child have any medical conditions that we should be aware of?

Yes_____ No_____

If yes please explain:_____

Does your child take any continuous, long-term medications that we should be aware of?

Yes_____ No_____

If yes please explain:_____

Does your child have any special needs, physical restrictions, or any needs that need to be met for him or her to participate in the preschool classroom?

If yes please explain: _____

Is there any other information about your child that you feel is important for us to know? _____

Parent Signature

Date

Enrollment Checklist

- ☐ Enrollment Fee
- ☐ Statement of Health from Doctor
- ☐ Enrollment Form/ Payment Contract
- ☐ Emergency Contact Form
- ☐ Emergency Card
- ☐ Photo Release
- ☐ Immunizations
- ☐ Authorization for Emergency Medical Treatment
- ☐ Allergy/Special Needs Information
- ☐ Statement of Special Care Needs (If Applicable)
- ☐ Food Allergy Emergency Plan (If Applicable)