



Enrollment Agreement

The Learning Tree

595 Airport Rd
Gallatin, TN 37066
615-230-8222
learningtregallatin@gmail.com

Full Name of Child: _____ Date of Admission: _____

Child's DOB: _____ Name the child goes by: _____

Child's Social Security Number: _____

Child's Home Address: : _____

_____ City State Zip

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

Parents/Custodial Parents:

Parent 1 Name: _____ Parent 2 Name: _____

Home Address: _____ Home Address: _____

_____ City State Zip _____ City State Zip

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

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 child care 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 child care 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): _____

3. Name of person, other than the child care 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? _____ How? _____

Does he/she react when he/she does not get his/her own way? _____

Is the entire family together for any time during the day? _____

Eating Habits:

At what time does the child eat breakfast? _____ Lunch? _____ Dinner? _____

Between-meal Snacks? _____ Does the child feed himself/herself? _____

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:

If the child is an infant, use a separate sheet for information about the formula, bottle schedule, etc.

Sleep Habits:

Has own room: _____ Shares room with: Other Children Parents

At night sleeps from _____ to _____ Average Hours of Sleep Per Night: _____

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:

Time at which child is taken to the bathroom?

Can the child take themselves? _____ Time of bowel movement? _____ Regular? _____

Constipated? _____

Does the child tell you when he/she needs to go and does he/she go willingly? _____

Can he/she manage his/her clothes at the toilet? _____

What words does he/she use for:

Urinating: _____ BM: _____

Speech and physical Growth:

The child talks: Well Fairly Well Not Very Well Not at All

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

At what age did the child creep? _____ Crawl? _____ Walk? _____

Which of the following words would you use to describe the child (check 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).

Parent Declarations:

I received a summary of the licensing requirements. _____

I do hereby authorize emergency medical care for my child (a limited power of attorney may be required for military dependents). _____

I visited the facility prior to enrolling my child. Pre-enrollment Visit Date: _____

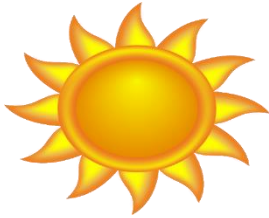
I received a copy of the child care facility's policy statement or handbook, and payment contract, and I have signed their copy, verifying by receipt my understanding and agreement of their content. _____

Signature of Parent(s)/Guardian(s)

Date

Sunscreen Permission Form

Child's name: _____



I give permission for staff to apply sunscreen to my child as needed throughout the school day. I understand that the sunscreen I supply must be labeled with my child's name.

Parent signature: _____



Bug Spray Permission Form

Child's Name: _____

I give permission for staff to apply bug spray to my child as needed throughout the school day. I understand that the bug spray I supply must be labeled with my child's name.

Parent signature: _____



Parents,

This is a permission form to use your child's picture on our Facebook page. This would be strictly in the preschool context. This will include pictures of events, parties, and other activities that take place at the school.

I give permission for my child _____ to be included in pictures on The Learning Tree Facebook page that includes school activities.

Parent Name: _____

Date: _____

Director: _____

I do not give permission for my child _____ to be included in pictures on The Learning Tree Facebook page that includes school activities.

Parent Name: _____

Date: _____

Director: _____



The Learning Tree Child Development Center

Emergency Contact Form

Child's Name: _____

Child's Address: _____

Mother's Name: _____

Mother's Address: _____

Mother's Work Phone: _____ Cell Phone: _____ Home Phone: _____

Father's Name: _____

Father's Address: _____

Father's Work Phone: _____ Cell Phone: _____ Home Phone: _____

Please list below the full names of the persons authorized to pick up your child/children in the event of an emergency.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

Operational Policies Receipt:

I was supplied a copy of The Learning Tree Enrollment Policies upon registering my child. After reading the policies, I understand the following:

1. I am responsible for my child's tuition weekly whether he/she attends during that week.
2. I understand that tuition is due every Monday by closing. There is a late fee of \$15.00 per day charged when tuition is paid after the due date, unless prior dates have been arranged and approved by management.
3. I understand that if an arrangement for payment has been made and is not met, that arrangement will be void, and tuition will be due on Mondays.
4. I understand the center hours of operation and understand The Learning Tree CDC will charge me \$1.00 per minute per child after 5:30 for the first offense, and \$5.00 per minute after 5:30 for each child.
5. I understand there is a 9:00 cut off time. The only exception is if my child has a doctor's excuse. All other children will be turned away.
6. If my child has a doctor's appointment and will arrive past 9:00, I understand I must notify The Learning Tree prior to 9:00 am.
7. I understand a two-week notice is mandatory to withdraw my child. I also understand I am responsible for tuition throughout the notice.
8. I understand that The Learning Tree reserves the right to discontinue care of a child at any time without notice.
9. I understand that all enrollment information is due upon the first day of enrollment of the child.
10. I understand that all children should always wear lace up or Velcro shoes that completely enclose the child's foot.

I have read and understand The Learning Tree's policies. I have observed the center with a first-time parent walk-through prior to enrollment. I agree to abide by the provisions contained herein.

Parent/Guardian: _____ Date: _____

Parent email: _____

Director: _____ Date: _____