



Treehouse Preschool

Enrollment Form 2012/2013

A Ministry of Abundant Life Baptist Church

414 SW Persels Rd • Lee's Summit, MO 64081 • Phone (816) 554-8181, ext. 123

(The Mo. Dept of Health requires that all information on this form be completed)

Please circle one: Monday/Wednesday or Tuesday/Thursday or M/T/Th (Pre-K Only)

Please circle one: 9:00am-11:30am or 12:30pm-3:00pm or 9:00am-2:00pm (Pre-K Only)

Please circle one: BUDDIES (3 before 7/31) PALS (4 before 7/31)

Tuition: \$100 per month for Buddies, \$150 for M/T/Th Pre-K, \$200 for 9:00am-2:00pm Pre-K

ALL STUDENTS MUST BE COMPLETELY POTTY TRAINED.

Applicants will be enrolled in the order in which their application and all paperwork are received. All classes are filled on a first come first serve basis.

Child's Name _____
First Middle Last

Nickname _____ Child's Birthdate _____ Sex _____

Address _____
Street City Zip Code

Home Phone _____ Cell Phone _____

Parents are (please circle one) Married Divorced Separated Single Widowed

Child resides with (please circle one) Parents Mother Father Other _____

Father's Name _____ Employer _____

Work Address _____
Street City State Zip Code

Employer's Phone _____ Work Hours _____ Cell Phone _____

Mother's Name _____ Employer _____

Work Address _____
Street City State Zip Code

Employer's Phone _____ Work Hours _____ Cell Phone _____

Mother's e-mail address _____

Father's e-mail address _____

Guardian's Name (if applicable) _____ Employer _____

Work Address _____
Street City State Zip Code

Employer's Phone _____ Work Hours _____ Cell Phone _____

I give permission to make my address/phone # available to Parents? _____ yes _____ no

Church Membership _____

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

_____ Allergies _____
(Failure to provide health information releases the preschool from all liability)

How did you hear about the Treehouse Preschool? _____

EMERGENCY CONTACT (If parents cannot be reached this person is authorized to pick-up child)
(One emergency contact is required, the second is optional.)

Name _____ Relationship to child _____

Address _____
Street City State Zip Code

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to Child _____

Address _____
Street City State Zip Code

Home Phone _____ Work Phone _____ Cell Phone _____

ENROLLMENT FEES- This enrollment form and all other required paperwork MUST be completed and accompanied by payment of the nonrefundable enrollment fee in order to reserve a spot for your child. Thank you and GOD Bless.

Enrollment Fees- \$50.00 per child (non ALBC Member) \$40.00 per child (ALBC Member)

Tuition is due on the 1st school day of every month. It is considered late after the 6th day, and a \$25.00 late charge will be assessed at that time. If tuition is not received by the 20th of the month and special arrangements have not been made with the coordinator, then the Preschool reserves the right to expel a student based on non-payment.

_____ will be responsible for payment of tuition.

Office Use Only

_____ \$50.00 enrollment fee (non-refundable) _____ \$40.00 enrollment fee-ALBC Member (non-refundable)

_____ cash _____ check# _____ date received _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring immediate medical care, I authorize **The Treehouse Preschool**

PROVIDER/LICENSEE

To contact the following

PHYSICIAN OR CLINIC

(Please list name and phone number of physician and/or clinic)

Name _____ Telephone number _____

Address _____

(Street, city, state, zip code)

PREFERRED HOSPITAL

(Please list name and phone number of hospital)

Name _____ Telephone number _____

Address _____

(Street, city, state, zip code)

ACKNOWLEDGEMENTS

1. I have received a copy of the Treehouse Preschool's Parent Handbook, and I agree with its content.
2. I have been informed that a copy of the Licensing Rules for Child Care Homes/Licensing Rules for Group Child Care Homes/Licensing Rules for Child Care Centers in Missouri is available in the Treehouse Preschool office for review.
3. When my child is ill, I understand the Treehouse Preschool's Illness policy and agree that he/she may not be accepted for care.
4. I give/do not give permission for my child, _____, to be photographed for purposes of display in, but not limited to, the following: Treehouse preschool publications, school website, bulletin boards, or newspapers.
5. I understand that my student will participate in field trips off of the Preschool property.

Parent/Legal Guardian Signature _____ Date _____

CHILD MEDICAL EXAMINATION REPORT

THIS FORM IS REQUIRED BY THE MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF CHILD CARE

IDENTIFYING INFORMATION

Child's Name _____ Birth date _____

CURRENT STATE OF HEALTH

Based on my assessment of this child's medical history, current state of health and my physical Examination of the child on _____, this child can participate in a child care program. This child has no special care needs unless specified below.

(Date of medical examination must be within the last 12 months)

PHYSICIAN'S INSTRUCTIONS FOR SPECIALIZED CARE

Complete this section only if child requires special care at a child care facility, e.g. special diets, ear infections, convulsions, diabetes, asthma, behavioral problems, hearing or visual impairment, etc. (Attach additional pages as needed.)

SIGNATURES

SIGNATURE OF PHYSICIAN OR REGISTERED NURSE
UNDER THE SUPERVISION OF A PHYSICIAN _____

Date _____

PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)

NAME AND ADDRESS OF CLINIC, GROUP PRACTICE OR OTHER
(MAY USE STAMP)

IF NURSE IS SUPERVISED BY PHYSICIAN, INDICATE PHYSICIANS NAME (PLEASE PRINT) _____

TELEPHONE NUMBER _____

THIS FORM IS TO BE FILED IN CHILD'S RECORD AT CHILD CARE FACILITY

Treehouse Preschool Parents,

Please use this checklist to supply us with the necessary paperwork for your child.

We will reserve a spot for your child once we have received the non-refundable enrollment fee, and met with the parents confirming enrollment.

All enrollment paperwork must be received within 30 days prior to school opening, in order for your child to be completely enrolled.

____ Signed and completed application

____ Enrollment fee

____ Child Medical Examination Report (physical)

____ Copy of current immunizations, or Immunization exemption (signed by Physician)

____ ALBC Medical Release & Liability Waiver

____ Emergency cards filled out

Thank you.