

**The Learning Tree Children's Center
Enrollment Forms**

Family History:

Child's name: _____ Birth date: _____ Male/Female: _____
Nickname: _____
Home address: _____ City: _____ Zip Code: _____
Phone Number: _____ Cell Phone: _____
Email Address: _____
Mother's name: _____ Father's Name: _____
Employer: _____ Employer _____
Work Phone Number: _____ Work Phone Number: _____

Name of siblings in the home

Name: _____ Age: _____ M/F: _____
Name: _____ Age: _____ M/F: _____
Name: _____ Age: _____ M/F: _____

Has your child been in childcare before?

Where? _____ How long? _____

Who attends the child at home? _____

Marital status of parents? _____

If divorced, who has primary custody? _____

What are the visitation rights of the non-custodial parent?

Names of person(s) allowed to pick your child up from the center other than yourselves (it is very important to list an emergency contact in case of an emergency with parents, or if parents can not be reached).

1. _____ Phone: _____ Cell Phone: _____
2. _____ Phone: _____ Cell Phone: _____
3. _____ Phone: _____ Cell Phone: _____
4. _____ Phone: _____ Cell Phone: _____

Physical History:

Child's physician: _____ Phone _____

Date of last physical: _____

Special health problems and/or medications:

Child's dentist: _____ Phone _____

Allergies; (include reactions and interventions)

Any known vision, speech, or hearing problems?

Has your child ever been tested for Hearing/Speech/Vision? _____

Childhood diseases / illnesses (include month and year)

Measles	Mumps	fainting
Chicken pox	Pneumonia	freq. Ear infections
Asthma	Bronchitis	Small Pox
Seizures	other	

Has your child ever been hospitalized?__ What for?

Name of insurance carrier:_____

Policy Number:_____

Policy Holder:_____

Secondary insurance carrier:_____

Policy Number:_____

Policy Holder:_____

Eating Patterns

Does your child feed him/herself?__ If not, describe limitations:

Types of food child eats: breast milk/ formula

Baby food / Table foods

Describe your child's pattern of eating:

What foods is your child unable to eat?

How would you describe your child's appetite?

Child drinks from: bottle/tippy cup/glass

Sleeping Patterns:

Does your child take naps? Time of day and length?

What time does your child go to bed at night?

Is child read a book before bed?

Is child rocked to sleep?

Does child sleep in a crib or a bed?

Does child have a special blanket or toy needed at naptime?
dark?

Is child afraid of the

Does your child have bad dreams?

Behavior Characteristics

What activities does your child enjoy most?

What activities does your child engage in when he/she is alone?

Is your child happy to be by them self?

Does your child have any fears or anxieties?

How does your child react to strangers?

During social interactions, does your child normally take a dominant or submissive role?

What kinds of difficulties occur? How are they expressed or resolved"?

What does your child do when he/she becomes frustrated"?

What causes your child to become angry?

When does your child usually cry or withdraw from others'?

What pleases you most in your child's development?

What concerns you most? What guidance strategies are used most often at home?

Toilet Training:

What word is used for urination?

What word is used for a bowel movement?

Does your child have bladder control?

At what age was this established?

Does your child have bowel control?

At what age was this established?

Is your child taken to the bathroom, or does he/she go by himself?

How much is your child able to help itself ie.: with clothes, sitting on toilet and with wiping?

Parent Child Goals

An important aim of the center is to work cooperatively with each parent toward attaining goals that you deem important for your child. We invite you to give input on a daily basis and at joint parent/teacher conferences. Please list goals that you are working on with your child to develop.

- 1.
- 2.
- 3.

Do you or your spouse have any special talents or interests appropriate to children under 6 years of age that you would be willing to share? (e.g.: musical crafts, athletic, dramatics, etc.)?

Photo Release:

I hereby grant permission for my child to be photographed at the center for publicity or educational purposes.

Date: _____ Parent/Guardian Signature: _____

Observation/Assessment Release:

I hereby grant permission for my child to be observed and assessed by students and/or staff at The Learning Tree Children's Center.

Date: _____ Parent/Guardian Signature: _____

Emergency/Health Policies

I have read and understand the Disaster, Fire, Evacuation, Lock Down and Health Policies and Procedures for The Learning Tree Children's Center.

Date: _____ Parent/Guardian Signature: _____

Liability Release

I hereby release The Learning Tree Children's Center, and its staff, from any and all claims, or other liabilities for loss or damage to any personal articles or injuries.

Child's Name _____

Date: _____ Parent/Guardian Signature: _____

CONSENT TO MEDICAL CARE, AND TREATMENT OF MINOR CHILDREN

I _____, the natural parent or legal guardian, hereby give permission that my child, _____ may be given emergency treatment to include first aid and CPR by a qualified staff member at The Learning Tree Children's Center. I further authorize and consent to medical surgical and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when physician can not be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment

Date: _____ Place: _____

Parent/Guardian Signature: _____

PARENT AGREEMENT

I have read. The Learning Tree Children's Center's policies and. agree to comply with them.

Date:_____ Parent/Guardian Signature:_____

Financial Agreement

The undersigned, in consideration of the services rendered, is obligated, to pay the center in accordance with its regular rates and. terms. The center's rates are subject to modification without written amendment to this agreement upon (14) day's notice to the undersigned.

Terms of payment

Payment will be paid in full by the 1st of each, month. If payment is not received by the 10th day of the month a \$25.00 late fee will be charged to the account. If payment is not received by the 15th of the month services will be terminated. A \$25.00 fee for all returned checks will be charged and a \$1.00 per minute late fee will be charged for any child left at the center after their scheduled time. I also agree to pay the annual \$50.00 enrollment fee per child and understand that this is a nonrefundable fee.

Date:_____ Parent/Guardian Signature:_____

State Subsidy Payments

If you have been approved for state subsidized childcare your co-payment is due on the 10th of each month. If co-payments are not paid when due, DSHS has the right to immediately terminate your childcare benefits until the balance is paid. A current award letter or telephone approval from the Washington State Childcare Call Center will be required before your first day of attendance. It is also your responsibility to keep your status with the state subsidy program current and provide the center with renewal information to keep your space at the center. Any changes with your status in this program need to be reported to the center within 24 hours.

Date:_____ Parent/Guardian Signature:_____

Field Trip Release:

I hereby grant permission for _____ (child's name) to attend scheduled and supervised field trips and short supervised walks. Parents will be given at least 24-hour notice of all field trips.

Date:_____ Parent/Guardian Signature:_____