# GROWING TREE LEARNING CENTER LLC
# ENROLLMENT FORM

Child's Date of Enrollment | Parent email

Child's Formal First, Last Name | Child's Address

Parent 1 First & Last Name | Parent 1 Address | Parent 1 Phone Number

Parent 2 First & Last Name | Parent 2 Address | Parent 2 Phone Number

Parent 1 Employment: Name, Address, Work Phone Number, Work Hours

Parent 2 Employment: Name, Address, Work Phone Number, Work Hours

In the event of a sudden illness or an emergency, and we cannot reach either parent, please give us the names of at least two people that live locally whom we may contact regarding your child.

Name | Relationship | Address | Phone #

Name | Relationship | Address | Phone #

In the event of a life-threatening situation and we cannot reach either Parent or emergency contacts, do we have your permission to see that your child is provided with immediate medical care?

_____ Yes, do whatever is necessary to protect my child.
_____ No, instead follow these instructions: (Give detailed instructions below)

Doctor or other medical care giver: Name, Address, Phone Number

I have enrolled my child at the Growing Tree Learning Center Monday-Friday full-time program. What are his/her normal hours of arrival and departure?_____

Parent / Guardian signature_____ Date_____

Parent / Guardian signature_____ Date_____

## EMERGENCY MEDICAL PERMISSION

In the event of a medical emergency,the center staff will immediately attempt to contact one or both parents. If the parents cannot be contacted, staff will attempt to contact the next persons listed on the emergency contact list. IF NEITHER THE PARENTS NOR THE PERSON ON THE EMERGENCY CONTACT LIST CAN NOT BE CONTACTED,THE CENTER STAFF IS AUTHORIZED TO OBTAIN EMERGENCY MEDICAL EVALUATION AND/OR TREATMENT FOR MY CHILD AND TRANSPORT THEM TO THE NEAREST HOSPITAL IF DEEMED NECESSARY.

_____ _____

Parent / Guardian Signature Date

_____ _____

Parent / Guardian Signature Date

Preferred Medical Facility_____

Child's Health Insurance Company_____

Health Insurance Policy Number_____

## GROWING TREE LEARNING CENTER LLC

The following authorizations are necessary for the center staff to act in your child's best interest at all times. Kindly complete all the information.

Authorization for_____

Child's Name

## PICK-UP AUTHORIZATION

I hereby authorize:

| Name | Relationship | Address | Phone Number |
|---|---|---|---|
| Name | Relationship | Address | Phone Number |

To pick up my child at Growing Tree Learning Center LLC. If there are any changes in these arrangements. I will let the center know in advance by written notice.

_____ _____

Parent / Guardian Signature Date

_____ _____

Parent / Guardian Signature Date

Person who may NOT pick up my child
Name_____Reason_____
Name_____Reason_____

Is there a COURT ORDER granting custody, visitation, or otherwise restricting or allowing access to the child?_____
If yes, a copy of the order must be provided along with this application and the order must be current.

_____ _____
Parent / Guardian Signature Date

_____ _____
Parent / Guardian Signature Date

**PHOTOGRAPH, AUDIO, AND VIDEOTAPE PERMISSION**

I hereby do___do not___ consent and authorize Growing Tree Learning Center LLC, to use and reproduce photographs, audio, video recordings, or verbal statements taken of my child, except when disclosing information to the secretary or his or her designee (State Licensing) for advertising and publicity purposes.

(Please note the center does have security monitors and this does not consent permission for Parent monitoring).

_____ _____
Parent / Guardian Signature Date

_____ _____
Parent / Guardian Signature Date

**SUNBLOCK, DIAPER CREAM, LOTION AND BUG REPELLENT SPRAY PERMISSION**

_____I Authorize Growing Tree Learning Center LLC, to apply sunblock/diaper cream/lotion/bug spray that has been provided by me, the parent.

_____ _____
Parent / Guardian Signature Date

_____ _____
Parent / Guardian Signature Date

## WATERPLAY

_____ I Authorize Growing Tree Learning Center LLC, to allow my child to participate in water play consisting of 18'' of water or less (Water Pool or Water Table)

_____ _____
Parent / Guardian Signature Date

_____ _____
Parent / Guardian Signature Date

## Field Trip Permission

_____I permit_____ I do not permit my child to be taken on field trips, either on foot or in an authorized vehicle, supervised by the teaching personnel of Growing Tree Learning Center LLC. You will receive a field trip permission slip for any trip that is beyond 20 miles from the center.

_____ _____
Parent / Guardian Signature Date

_____ _____
Parent / Guardian Signature Date

## YOUR CHILD'S SOCIAL RECORD

_____
Child's Name Name child is called

_____ _____
Child's Birthdate Sex of child

If your child is enrolled in public school, please list the name and number of the school:

_____

Does your child have any preferences for or aversions to certain food?

_____

Are there special pre-existing special needs, (dietary, medical, etc.) that we should be aware of? _____ If yes, a form is available in the director's office for your child's physician to fill out.

Does your child have allergies or medical problems?_____

Does your child have any noticeable fears?_____

What does he/she most enjoy doing?_____

What does he/she least enjoy doing?_____

Is your child toilet trained?_____

Is your child more accustomed to playing alone or with/around other children?

_____

Has your child had many group experiences?

_____

Has your child been in daycare before? Yes____ No____ If yes,was this a satisfactory experience? If not, would you please tell us why?_____

Will this be your child's first real separation from mother or father?_____Yes_____No

Do you feel your child has any behavioral problems (temper tantrums, biting, etc?) If so, what are they and how do you handle them?

_____

_____

Other comments, suggestions, or special instructions, which will help us make your child's time with us pleasant and helpful._____

_____

If your child is between 6 weeks and 3 months of age we must have a written statement signed by the child's licensed health care provider permitting the child to participate in group care.