



Treetop Village Child Registration Form

Please Circle Location

Infant Center

Early Learning Center

Campus

Child's Name _____ DOB _____

Child's Nick Name (s) _____

Child's Home Address _____

City _____ State _____ Zip _____

Child Primarily Lives with: _____

Mother's Name _____ Email Address _____

Mother's Home Address _____

City _____ State _____ Zip _____

Day Phone _____ Cell Phone _____

Employer _____

Father's Name _____ Email Address _____

Day Phone _____ Cell Phone _____

Father's Home Address _____

City _____ State _____ Zip _____

Employer _____

People permitted to pick up your child (other than those listed above):

1st Emergency Contact

Name: _____ Relationship _____

Phone Number(s): _____

Street Address _____

City _____ State _____ Zip _____

Name _____ Relationship _____

Phone Number(s): _____

Street Address _____

City _____ State _____ Zip _____

Out of Area Contact in Case of Emergency (100+ miles away)

Name _____ Relationship _____

Phone Number(s): _____

Street Address _____

City _____ State _____ Zip _____

For Office Use Only:
Start Date: _____ Starting Classroom: _____ Starting Age: _____
Starting Rate: _____

Child's Schedule & Attendance

Start Date for Enrollment: _____ Classroom Starting In: _____

Days Attending : Monday Tuesday Wednesday Thursday Friday

Approx Times: Drop Off: _____ Pick Up: _____

Special Notes: _____

Here at Treetop Village, we have an attendance policy. We require children to be here every day unless pre-arranged absences have been approved. If your child has three absences without approval, your care can be terminated immediately.

Initials: _____

We also require all children to be here by 9:30 AM so that they can be involved in the daily curriculum and allow for successful learning and development while in our center.

Initials: _____

Tuition and Acknowledgement Statement

Account Type

- Private Pay**
Please circle if: Military School District Employee
- DCYF Working Connections Subsidy**
- Military with CCA Subsidy**
- Other** _____

• Private Pay Families:

I as the parent or guardian of child agree to pay tuition at a rate of \$ _____ per week. I understand that tuition is due by the 1st of every month. I also understand that a \$5.00 late charge will be added to my account for every day there is a balance remaining past the 5th of that month date. We charge tuition weekly by the number of Mondays in the month. Some months will have four weeks and some months will have five weeks charged.

• DCYF, Military Families with Subsidy

If receiving a child care subsidy from the State or other provider, I agree to pay my co-payment in the amount of \$ _____ no later than the 1st of each month. I understand that late charges will apply as noted above. I understand that I am responsible to pay Treetop Village Early Learning Center. **Standard Tuition Rates** for any time period not covered and/or contracted by the subsidy provider. It is my responsibility to have authorization at ALL TIMES for my child to attend.

- Should this account be referred to collections, I agree to pay all reasonable collection expenses, interest on the unpaid balance at 1.5% per month from the date not paid, and/or reasonable attorney fees and court costs.
I understand that a written two-week notice must be given to the Director in order to withdraw my child. If a two-week notice is not received, a two-week tuition charge will be incurred from the last day of attendance.
- Tuition is due no matter if child is absent, ill, on vacation or school is closed due to hazardous weather or conditions.
- We have the right to terminate child care at any time if we feel that the family is not a good fit with our program, the child exhibits behavior that presents a serious safety concern for that child or we as the program is not able to reduce or eliminate the safety concern through reasonable modifications.
- In the event that I pick up my child late (after 6:30pm regularly or 4:30 pm during our once a quarter early closure), I will be charged a \$2 fee per minute late. I also understand that if my child is left for more than 30 minutes past closing, Treetop Village will be contact with the local CPS or Police departments

I also acknowledge that the center closes early @ 4:30 PM four times a year. Those dates are listed online and on our parent board.

I have read, understood, and agree to abide by the policies stated above.

Name _____ Date _____

Child's Medical Information

Physician Name/Clinic _____ Physician's Phone _____

Physician Address _____

Last Physical Exam: ____/____/____

Desntist Name/Clinic _____ Dentist's Phone _____

Dentist Address _____

Last Dental Exam: ____/____/____

Permission for Emergency Medical Treatment

I, _____, the parent or guardian hereby give permission that my child, _____ may be given emergency treatment to include First Aid/CPR by a qualified staff member at Treetop Village Early Learning Center. I also give permission for my child to be transported by ambulance, treated by aid car personnel, and/or transported to an emergency center/hospital for treatment. In the event that I cannot be contacted, I further authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed on my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Signed _____ Date _____

Desired Hospital _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Allergies _____

Intolerances _____

Current Medications _____

Will your Child Need Medications given while in care at Treetop Village: Yes or No

- If yes, please fill out Medication Authorization Form with Medication, Original Box and Instructions. Give all to Front Office before start date.
- If child is prescribed medication during school year, we need a REQUIRED doctors note and doctor signed medication authorization form for Treetop Village to administer any prescribed medications onsite.

Initials: _____

Please initial next to the below items that you give Treetop Village authorization to administer to child while at school when needed or requested during the school year:

Sunscreen _____ Lip Balm _____ Diaper Cream _____

Lotion _____ Hand Sanitizer (24+ mths) _____

Tooth Brushing will be done onsite daily in the classrooms to promote healthy oral health. Tooth brushes and paste will be provided to the children by Treetop Village. If you would like to opt-out of your child toothbrushing, please let your director know in writing. Initials: _____

Has your child been diagnosed with any medical conditions? Please explain:

Is your child seeing a speech therapist, physical therapist or nutritionist? If yes, please explain:

Does your child see any special doctors (i.e., cardiologist, neurologist or optometrist)? If yes, please explain:

Birth Marks/Mongolian Spots:

Please check any of the following items your child has experienced:

- | | | |
|--|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Febrile Seizures | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Asthma/Wheezing | <input type="checkbox"/> Fevers | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Blocked tear duct | <input type="checkbox"/> German measles | <input type="checkbox"/> Roseola |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Hand, Foot & Mouth Disease | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Sinus infections | <input type="checkbox"/> Colds |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Skin Rashes | <input type="checkbox"/> Colic |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Strep Throat | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Thrush | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Kidney Infections | <input type="checkbox"/> Urinary Tract Infection | <input type="checkbox"/> Lazy Eye |
| <input type="checkbox"/> Diaper Rash | <input type="checkbox"/> Diarrhea | |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Ear Infections |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Vomiting | |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping cough |
| <input type="checkbox"/> Eye Infections | <input type="checkbox"/> Oral Herpes | <input type="checkbox"/> Yeast Infection |

Please provide any pertinent information about items checked:

Do you have any health, behavior or developmental concerns?: (Hyperactivity, delays, etc)

Does your child have any specific needs?

Child and Family Information

What are your child's strengths? What does your child love to do?

What are your family strengths? What does your family love to do?

Has your child/family endured any trauma or big changes in recent months or years? Yes No

(Divorce, death in family, homelessness, etc) Please Explain:

Has your child been in childcare before Yes No if so where? _____

Has your child been terminated from other childcare facilities?: Yes No

If so, why? _____

Please share how their experience was at their previous center(s):

Do you have concerns with your child starting care at Treetop Village that we should be aware of?

Treetop Village Photo Release Form

As the parent of a child/children at Treetop Village Early Learning Center, I agree to the following:

- I understand that my child may be photographed at Treetop Village Early Learning Center during normal daycare hours or activities.
- I understand that these photographs may be used in the classroom, our school newsletters or displayed on our TreetopVillageKids.com website, Facebook, or any other publication.
- I give permission for my child(ren)'s photographs to be mounted on Treetop Village Early Learning Center website, Facebook, newsletters, or any other publication.
(When names are added, only first names will be used.)
- I understand that I have the right to request, in writing, to have a photo removed from the website or Facebook within 30 workdays.

- Yes, I confirm that I have read and understood the above, and agree to have my child's _____ photos mounted on the Treetop Village website, Facebook page, newsletters or any other publication.
- No, I do not wish to have my child(ren)'s photographs published.

Name (please print) _____ Signature: _____

Parent Policies, Pesticide Policies & Emergency Disaster Policies

I am aware of the parent policies, pesticide policies and disaster plan for Treetop Village Early Learning Center and I have reviewed these items upon enrolling my child electronically or in hand.

By signing below, I understand and agree that I have reviewed a copy of our parent policies and disaster procedures.

Name _____ Date _____
(Parent/Guardian Signature)

Communication

Do you prefer email communication, newsletters or announcements?
Please put email address(es) below to sign up!
