



The Learning Tree Preschool Registration Packet 2019-2020

- ___ Registration Form
- ___ Medical Release Notarized
- ___ Contact/ Release Form
- ___ Allergy Alert Form (if needed)
- ___ Immunization Form
- ___ Registration Fee (\$250.00)

Please make sure all of the items above are included in your packet before it is turned in. if you have any questions, please contact The Learning Tree office @ 251-928-0496.

Classes Available

1 & 2 year olds: T/TH, M/W/F, and Mon-Fri

3 year olds: M/W/F, and Mon-Fri

4 year olds: Mon-Fri

Tuition Rates 2019/20

<u>One Year Old's Program Hours 9:00am-1:00pm</u>			<u>Two's- Pre-K Program Hours 9:00am-1:00pm</u>		
T/TH	\$190/Month	\$1,900/Year	T/TH	\$170/Month	\$1,700/Year
M/W/F	\$210/Month	\$2,100/Year	M/W/F	\$190/Month	\$1,900/Year
Mon.-Fri	\$240/Month	\$2,400/Year	Mon.-Fri	\$220/Month	\$2,200/Year

Extended Hours 1:00pm-3:00pm

T/TH \$60/Month \$600/Year
M/W/F \$85/Month \$850/Year
Mon.-Fri. \$135/Month \$1,350/Year

NON-REFUNDABLE Registration & Supply Fee- \$250.00.

*Registration & Supply Fee is non-refundable unless a class is cancelled and is due with a completed Registration Packet.
Spots will not be saved until this fee has been paid.



The Learning Tree at First Baptist Church Fairhope

Student Application

Child's Name: _____ DOB: _____ Sex: _____

Home Address: _____

Father's Name: _____ Mother's Name: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Email: _____ Email: _____

Employer/Student@: _____ Employer/Student@: _____

Position/ Title: _____ Position/ Title: _____

Parents are: Married Divorced Separated Single

The child resides with: _____

If parents are not married, who is the custodial parent? _____

Shall the non-custodial parent have access to the child's information? Yes No

Name of sibling: _____ DOB: _____

Name of sibling: _____ DOB: _____

Name of sibling: _____ DOB: _____

Name of sibling: _____ DOB: _____

Family Religious Preference: _____ Church Membership: _____

Child's previous childcare arrangements/school: _____

Is your child toilet trained? Yes No Amount of Days Needed? 5 days 3 days 2 days

Registration Fee~ \$250

To be paid when you turn in your Registration Packet.
This fee includes supplies and reserves a spot for your child.

This fee is NON-REFUNDABLE.

DIETARY PERMISSION

I, _____ parent of _____ **give / decline** (Circle One)
permission for my child to participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

- _____ My child *DOES NOT* have a food allergy or dietary restriction. He or she *MAY* participate in activities.
- _____ My child *DOES NOT* have a food allergy or dietary restriction. He or she *MAY NOT* participate in activities.
- _____ My child *DOES* have a food allergy or dietary restriction.
He or she *MAY* participate in activities, but *MAY NOT* eat or handle the following items:

PHOTO/ VIDEO PERMISSION

I, _____ parent/guardian of _____

hereby **authorize / do not authorize** (Circle One) and consent to the use of his or her visual image by The Learning Tree at First Baptist Church Fairhope for educationally appropriate purposes, including still photography and video. This information may be accessible on TLT Facebook page or website. When posting photos online, I understand that no names of anyone pictured will be tagged, printed, or accessible in any way.

PARENT AGREEMENT

I have read and I understand the policies outlined in The Learning Tree Parent Handbook.

I understand that I am responsible for making equal monthly payments for each month August through May.

I understand that it is my responsibility to update this form in the event that my decision for permission changes.

I agree that this form will remain in effect during the term of my child's enrollment.

Parent Signature _____ Date _____



EMERGENCY AUTHORIZATION

I agree that the operator may authorize the physician of his/ her choice to provide emergency care in the event that neither I, nor the family physician can be contacted immediately.

Parent signature _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent/ guardian/or full-time custodian.

Operator Signature _____ Date _____

State of Alabama

County of _____

Sworn to and subscribed before me on this _____ day of _____, 2____, by _____

Personally Known _____ or Produced Identification _____ Type of identification produced _____

Notary _____



Emergency Contact/ Release Information

Student Name: _____ DOB _____

Mother's Name: _____

Home: _____

Work: _____

Cell: _____

Email Address: _____

Father's Name: _____

Home: _____

Work: _____

Cell: _____

Email Address: _____

Persons my child may be released to:

Name	Relation	Home	Cell
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Parent Signature _____ Date _____

Allergy Alert

My child, _____ is allergic to the following:

He/She will usually react how?

Treatment for the allergic reaction is usually

Parents Name & Phone Number: _____

Emergency Contact & Phone Number: _____

Parent or Guardian Signature _____