



# The Learning Tree 2020-2021 Registration Packet

- Registration Form
- Contact/ Release Form
- Allergy Alert Form
- 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

6mo.-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

### 6 month "Babies" Class Hours: 9:00am-1:00pm

T/TH	\$215/Month	\$2,150/Year
M/W/F	\$235/Month	\$2,350/Year
Mon.-Fri	\$275/Month	\$2,750/Year

### One-Year-Old Classes Hours: 9:00am-1:00pm

T/TH	\$195/Month	\$1,950/Year
M/W/F	\$215/Month	\$2,150/Year
Mon.-Fri	\$245/Month	\$2,450/Year

### Two-Year-Old - Pre-K Classes Hours 9:00am-1:00pm

T/TH	\$175/Month	\$1,750/Year
M/W/F	\$195/Month	\$1,950/Year
Mon.-Fri	\$225/Month	\$2,250/Year

### Extended Hours 1:00pm-3:00pm

T/TH	\$65/Month	\$650/Year
M/W/F	\$90/Month	\$900/Year
Mon.-Fri.	\$140/Month	\$1,400/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 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: \_\_\_\_\_

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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 Baldwin

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2020, by \_\_\_\_\_

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_ Type of identification produced \_\_\_\_\_

Notary \_\_\_\_\_



Emergency Contact/ Release Information  
(For Classroom Use)

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_

Home Address: \_\_\_\_\_

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:

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He/She will usually react how?

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Treatment for the allergic reaction is usually

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Parents Name & Phone Number: \_\_\_\_\_

Emergency Contact & Phone Number: \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_