

childrenstree.org

96 Essex Rd, Old Saybrook, CT

860.388.3536

## **Enrollment Card**

Please complete in pencil	Reviewed:
	Enrollment date:
Name:	DOB:
	nes:
Parent Name and Address:	
	ansport your child:
Weekly Schedule:	
I give permission for my child to be interviewed.	photographed for school events:
Persons to call in an emergency if I am not avail	able and persons that my child may be released to:
Please include name, phone number, address, a	and relationship.
1)	
2)	
Please include name, address, and phone numb	per:
Doctor:	
Dentist:	
Allergies/ Medication:	
I give my consent for the Children's Tree to cont	act the above physician if my child has a medical
emergency, or if they need to update records or	advise on my child. I understand if my child's
physician is not available another physician may	be contacted.
I give consent for CTMS to seek consultation and	d necessary observations with OSPS or another
facility about my child and any concerns they m	ay have academically, socially, and or emotionally.
I also give permission for the Children's Tree to	provide 1st aid as needed and seek medical
attention in an emergency. I will be responsible	for medical charges. Parents authorize emergency
medical treatment. Insurance Info:	
I have discussed, fully understand, and agree to	all of the guidelines set forth in the parent
orientation, handbook, and behavior policy. I ur	derstand that signing this contract commits me to a
full year's tuition even if I choose the convenien	ce of paying monthly or quarterly.
Signature:	Date:

The Children's Tree Montessori School is a Non-profit 501 (c) 3. We welcome and consider all applications without regard to race, religion, ethnic or national background.