

## LEARNING TREE SCHOOLS REGISTRATION AND ENROLLMENT FORM

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 PIN # \_\_\_\_\_ Any special health considerations or allergies? \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child lives with \_\_\_\_\_

What days will your child normally attend, circle all that apply: M T W TH F

What hours will your child normally attend? \_\_\_\_\_ to \_\_\_\_\_

## CUSTODIAL PARENTS' INFORMATION

Please list legal custodial parents only below, **do not include step parents** or other family members.

1. Custodial Parent \_\_\_\_\_ Email Address \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Hours \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Address \_\_\_\_\_
2. Custodial Parent \_\_\_\_\_ Email Address \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Hours \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Address \_\_\_\_\_

In an emergency, who should be called FIRST? Name \_\_\_\_\_ Phone \_\_\_\_\_

May we add the above information to our text and email alert system? Please circle one: Yes or No

In addition to custodial parents, these persons are allowed unrestricted access to this child. They may be called in an emergency; they may pick up this child without prior approval from the parent. ONLY persons listed on this card, who are over the age of 18, have picture ID, and are agreed upon by both custodial parents will be allowed to pick up my child. If you authorize Learning Tree Schools to release confidential information regarding your child to that person, please check the box.

_____	_____	_____	_____	Release Info <input type="checkbox"/>
Name	Relation to Child	Home Address	Phone Number	
_____	_____	_____	_____	Release Info <input type="checkbox"/>
Name	Relation to Child	Home Address	Phone Number	
_____	_____	_____	_____	Release Info <input type="checkbox"/>
Name	Relation to Child	Home Address	Phone Number	
_____	_____	_____	_____	Release Info <input type="checkbox"/>
Name	Relation to Child	Home Address	Phone Number	
_____	_____	_____	_____	Release Info <input type="checkbox"/>
Name	Relation to Child	Home Address	Phone Number	

Please list one out of state contact person if available. This person is authorized to pick up your child.

_____	_____	_____	_____
Name	Relation to Child	Home Address	Phone Number

I agree that in the event of an emergency, Learning Tree may transport my child or call for emergency personnel to transport my child to the nearest or most appropriate medical facility. I agree to hold harmless Learning Tree Schools Inc., and its employees for any injury to accident that occurs while my child is in their care. I authorize staff of Learning Tree Schools Inc. to administer first aid and I authorize medical personnel to treat my child.

Signature of Custodial Parent \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name \_\_\_\_\_

Signature of Custodial Parent \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name \_\_\_\_\_

There must be a separate health assessment form for each sibling.

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Check All That Apply: Does your child have any known allergies or sensitivities to:

No Yes If yes, please list:

Medications ☐ ☐ \_\_\_\_\_

Foods ☐ ☐ \_\_\_\_\_

Other ☐ ☐ \_\_\_\_\_

Does your child have any of the following conditions?

No Yes

No Yes

Asthma ☐ ☐

Visual Impairment ☐ ☐

Diabetes ☐ ☐

Developmental Delays ☐ ☐

Seizures ☐ ☐

Physical Impairment ☐ ☐

Heart Problems ☐ ☐

Behavioral or Emotional Problems ☐ ☐

Hearing Impairment ☐ ☐

Other: \_\_\_\_\_

List any additional health information or special instructions you feel we need to be aware of:

\_\_\_\_\_  
\_\_\_\_\_

List any medications your child takes: \_\_\_\_\_

Name of Child's Medical Provider:

\_\_\_\_\_

Signature of Custodial Parent \_\_\_\_\_ Date \_\_\_\_\_

Reviewed Date \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Reviewed Date \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Reviewed Date \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Reviewed Date \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

#### Agency Release of Information

Learning Tree partners with Early Head Start, The Children's Center and various other organizations including school districts. I authorize communication back and forth between Learning Tree Schools and the agencies listed below. Both

Learning Tree Schools and the named agencies may release information that would otherwise be confidential. I also authorize employees of the named agency to observe and interact with my child while at Learning Tree. This form shall be valid for one year unless renewed or cancelled by the parent.

Agency Name(s) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_