

The Learning Treehouse Enrollment Form

Entrance Date _____

Child's Social Security # _____

Child's Name _____
Last First Middle

Date of Birth Sex Age

Home Address _____
Address city state zip

Father's Name Telephone Number

Home address (if different from child)

Place of Employment (father) work number

Mother's Name Telephone Number

Home address (if different from child)

Place of employment (mother) work number

Father's Social Security # Mother's Social Security #

Child's living arrangements (check one) both parents mother father other

Child's legal Guardian

The child may be released to the person (s) signing this agreement or to the following person(s)
Name Address Phone #

Person to contact in case of an emergency when parents cannot be reached
Name Address Phone#

Child's Physician Phone#

My child has the following special needs/allergies

Parental Agreement with Child Care Facility

The Learning Treehouse agrees to provide day care for _____

Child's name

On Monday through Friday 6:30a.m. To 6:30 p.m. from August to August.

My child will participate in the following meal plan....

Breakfast
Lunch
Afternoon Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The Learning Treehouse agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for The Learning Treehouse.

Signed: _____ Date: _____
(Parent/Guardian)

Signed: _____ Date: _____
(Facility Administrator/ Person in charge)

Permission to Photograph and Film

I give The Learning Treehouse permission to photograph, film, videotape, and/or audio record my child. I understand that said visual or audio recordings may be used by television stations, radio stations, print media, and/or The Learning Treehouse itself in any of the various publications, displays, and/or exhibits.

Child's Name

Signature of Parent/Guardian

Date

Infant Feeding Plan

Child's Name: _____ **Date:** _____

Birthdate: _____

Does the child take a bottle? ___ Yes ___ No

Is the bottle warmed? ___ Yes ___ No

Does the child hold own bottle? ___ Yes ___ No

Can the child feed self? ___ Yes ___ No

Does the child eat:

Strained foods _____ Whole Milk _____

Baby Foods _____ Table Foods _____

Formula _____ Other _____

What type of formula is used? _____

Amount of formula to be given? _____

Updated amounts of formula; _____ Date: _____

_____ Date: _____

_____ Date: _____

Does the child take a pacifier? ___ Yes ___ No

When? _____

Food likes: _____ Food Dislikes: _____

Allergies (Please Include any pre-mixed formulas)?

Child's Schedule:

Breakfast: _____
Approximate Time *Types and approximate amounts of food*

Lunch: _____
Approximate Time *Types and approximate amounts of food*

Morning Nap: _____ Afternoon Nap: _____
Approximate Time *Approximate Time*

Instructions for introduction of solid foods: _____

Parent/Guardian Signature: _____ Date: _____