

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