



The Apple Tree School  
17127 Red Oak Dr.  
281-444-6707

2017 - 2018

## Enrollment Record

Today's Date: \_\_\_\_\_  
Starting Date: \_\_\_\_\_  
School Program: \_\_\_\_\_

### Child / Parent Information

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Sex: M/F Age: \_\_\_\_ D.O.B.: \_\_\_\_\_  
Child's Home Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Street City Zipcode  
Mother's Name: \_\_\_\_\_ S.S.N.: \_\_\_\_\_ Driver's Lic No. #: \_\_\_\_\_  
Mother's Home Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Mother's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Office Phone #: \_\_\_\_\_  
Mother's Email: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ S.S.N.: \_\_\_\_\_ Driver's Lic No. #: \_\_\_\_\_  
Father's Home Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Father's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Office Phone #: \_\_\_\_\_  
Father's Email: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Names of Brothers & Sisters and their ages: \_\_\_\_\_  
Are parents living together \_\_\_\_\_, separated \_\_\_\_\_, or divorced \_\_\_\_\_?  
Who is legally responsible for the child? Mother & Father \_\_\_\_\_, Mother only \_\_\_\_\_, Father only: \_\_\_\_\_  
Grandparents \_\_\_\_\_, Guardian (specify) \_\_\_\_\_, Other \_\_\_\_\_

### Parent Acknowledgements

I acknowledge that The Apple Tree School has provided me with "Parents Policies and Procedures" and has discussed its contents with me.

Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent Enrollment Agreement

In return for services by The Apple Tree School, I agree to pay the *non-refundable* registration fee of \$ \_\_\_\_\_, and the *non-refundable* supply fee of \$ \_\_\_\_\_, and the tuition amount of \$ \_\_\_\_\_ [the 1st & 15th of every month]/ [every month] in advance. I have read and accepted the procedures and policies of The Apple Tree School. I understand that my child's tuition is the same every period and is **due regardless of any absences for any reasons**, including the month of December. **\*\*Activity Fee of \$20.00 per month applies to all students\*\***

Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Special Information

Are there any special problems, issues or situations regarding your child that The Apple Tree School should be aware of such as allergies, existing illness, past and recent injuries, past hospitalization, any current medication or any medication prescribed for long-term continuous use or any other specific information that would enable the staff at The Apple Tree School to provide the best care for your child:

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

## Authorizations

### Escorts

You are authorizing The Apple Tree School to allow your child to leave the school ONLY with the persons listed below. Your child will not be released to any other person without specific written or verbal permission. In an emergency, the parent must call the school to give the name of and other identifying information about the person picking up the child. Driver's license must be presented for verification.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

### Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care at the time of an illness or accident, I hereby authorize The Apple Tree School to seek emergency medical attention for my child. I have informed The Apple Tree School of any existing health problems or concerns including past hospitalizations.

I authorize The Apple Tree School to take my child to the Licensed Physician / Hospital / Clinic noted below and I give my consent for necessary emergency treatment when my child is in their care.

Name of Licensed Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Northwest Medical Center OR Hospital / Clinic \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

### Administering Of Children's Tylenol

I authorize The Apple Tree School to give "Children's Tylenol" to my child: YES \_\_\_\_\_ NO \_\_\_\_\_

### Water Activities

I give consent for my child to participate in water activities: YES \_\_\_\_\_ NO \_\_\_\_\_

### Field Trips

I authorize The Apple Tree School to transport my child to/from field trips: YES \_\_\_\_\_ NO \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Photographic Release

I give permission to The Apple Tree School to photograph / videotape my child and use the resulting photograph/ videotape for any lawful activities. I relinquish all rights, title and interest in the finished photographs, negatives and videotape film.

Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## School-age Children

My child attends the following school: \_\_\_\_\_ School Phone# \_\_\_\_\_

School Address \_\_\_\_\_

My child's REQUIRED RECORDS for immunizations, vision and hearing are on file at the school.

My child will be picked up and dropped off by The Apple Tree School.

Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_