



This box for staff use only

Enrollment

Date:

Disenrollment

Date:

Tutor's Treehouse

STUDENT CARE ENROLLMENT FORM

Child Information

Child's Full Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate:	Age:	School Of Attendance:	Grade:
Child's Full Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate:	Age:	School Of Attendance:	Grade:
Street Address :					
City , State, Zip:			Preferred Phone Number:		
Mailing Address if Different:					
Child Lives With:					

- Childcare Schedule -

Please indicate what time your child is expected to arrive and depart from our center.

Monday	Drop off Time	
	Pick-up Time	
Tuesday	Drop off Time	
	Pick-up Time	
Wednesday	Drop off Time	
	Pick-up Time	
Thursday	Drop off Time	
	Pick-up Time	
Friday	Drop off Time	
	Pick-up Time	

Is there anything else that you would like for us to know about your child's attendance routine?

(ex: needs to be picked up from school at 1:00pm on Tuesdays and Thursdays)

What Can We Assist Your Child With?

Ex: Spelling, being independent, etc.

Guardian #1 Contact Info. (Primary Contact)

Guardian Name:	
Street Address (if different than child):	
City, State, Zip	
Primary Phone:	Secondary Phone:
E-mail:	
Workplace/Position:	
Work Phone:	Extension:

Guardian #2 Contact Info.

Guardian Name:	
Street Address (if different than child):	
City, State, Zip	
Primary Phone:	Secondary Phone:
E-mail:	
Workplace/Position:	
Work Phone:	Extension:

Is there anything else that you would like for us to know about your child's Guardianship?

(ex: Guardian 2 is her stepfather, Guardian 1 Does not speak English, etc.)

Emergency Contact Information

Please include at least 2 contacts that do not live with the child

Contact Person 1:	
Relationship to Child:	
What does your child call this person?	
Primary Phone:	Secondary Phone:
Address:	

Contact Person 2:	
Relationship to Child:	
What does your child call this person?	
Primary Phone:	Secondary Phone:
Address:	

Contact Person 3:	
Relationship to Child:	
What does your child call this person?	
Primary Phone:	Secondary Phone:
Address:	

Contact Person 4:	
Relationship to Child:	
What does your child call this person?	
Primary Phone:	Secondary Phone:
Address:	

The above listed people are authorized to pick-up my child from care and may be contacted in case of emergency or illness if I can not be reached.

Guardian Signature: _____

Additional People Authorized to Pick Up

Name:
Relationship:
Phone:

Name:
Relationship:
Phone:

Back Up Care Provider

Name:

Primary Phone:

Secondary Phone:

Persons Specifically NOT Authorized to Pick Up

****Our program must have a copy of the legal custody agreement or protection order on file to withhold a child from a parent or legal guardian ****

Name:
Relationship to Child:
What does your child call this person ?
Notes :

Name:
Relationship to Child:
What does your child call this person ?
Notes :

Consent for Medical Care and Treatment

I give consent for the Tutor's Treehouse Staff/ Associates to administer first aid to my child/ children .

Guardian Signature:_____

If I cannot be contacted in the event of an emergency, I authorize and consent to any emergency medical care, treatment, or procedure to be performed for my child by a licensed physician, health care provider, or EMT as they deem necessary to safeguard my child's health. I wave my right to informed consent for such treatments. I also give permission for my child to be transported by ambulance to an emergency center for treatment.

Guardian Signature:_____

Child's Medical Coverage

Primary Insurance Company Name:	Policy Number:
Policy Holder's Name:	Employer/ Group Name:

Secondary Insurance Company Name:	Policy Number:
Policy Holder's Name :	Employer/ Group Name:

Child's Medical Care Providers

Primary Care Doctor :	Phone :
Name of Practice :	Fa x:

Dentist:	Phone:
Name of Practice:	Fax:

Child's Health Information

**** A copy of your child's immunization record and most recent physical/ Statement of Health may also be required ****

How is your child 's health generally?

Are your child 's immunizations up to date? ☐ Yes ☐ No ☐ Exempt

Does your child have any known allergies? (Please note that students with allergies will not receive any food items, snacks, or drinks aside from water from our staff and associates) _

Does your child have any medical conditions we should be aware of?

Is your child on any medications that we should know about?

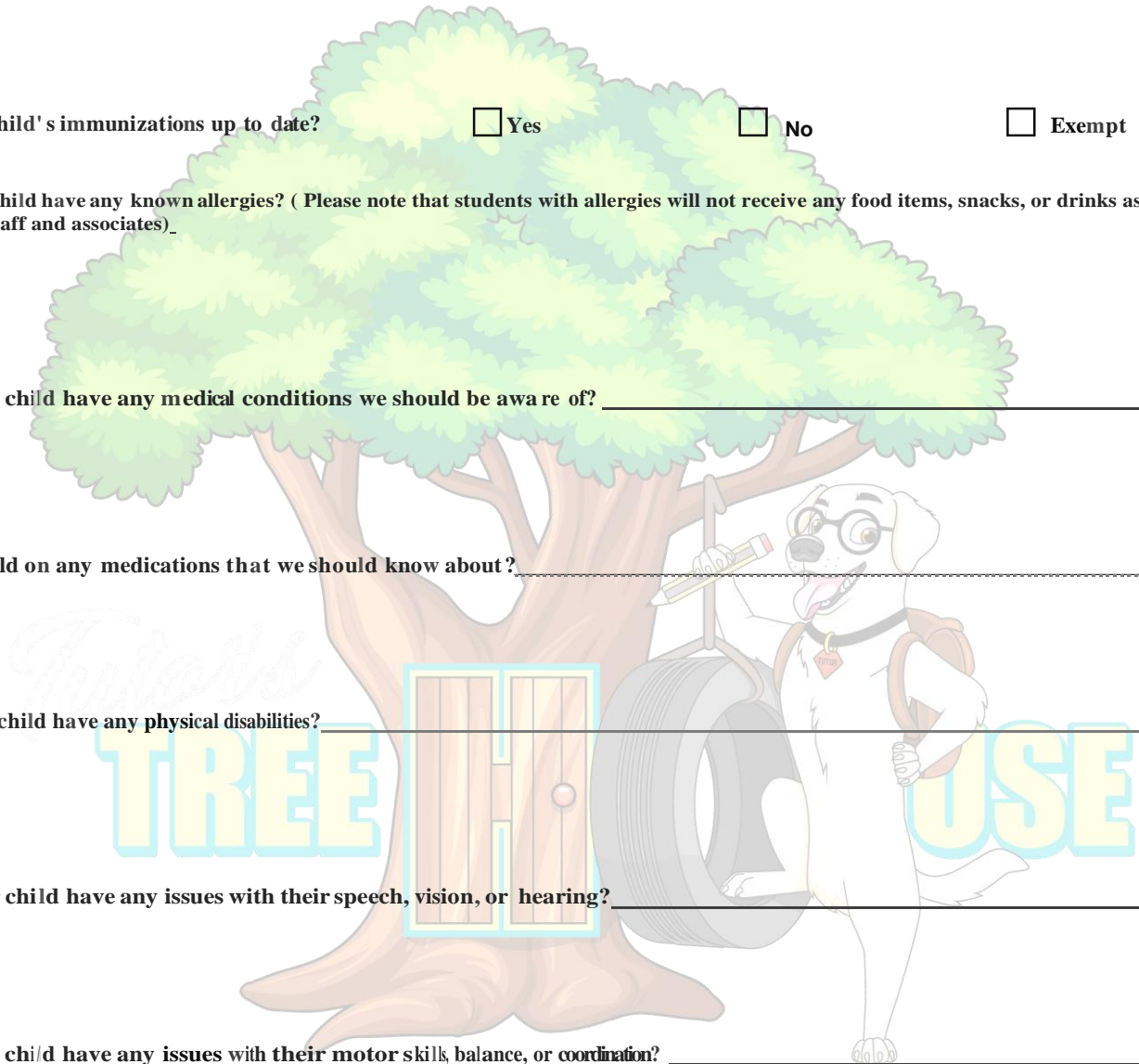
Does your child have any physical disabilities?

Does your child have any issues with their speech, vision, or hearing?

Does your child have any issues with their motor skills, balance, or coordination?

Does your child have any learning disabilities or issues regarding their cognitive, social, or emotional development?

Do you have any other concerns about your child's physical, cognitive, or emotional development?



About Your Child*

(*This section is optional for children in 2nd grade and above)

Has your child been in childcare before? If so what type? (family childcare, childcare center, grandma, etc...) _____

How does your child feel about school/daycare and being away from you? _____

What experiences has your child had in groups of children? _____

What is your child's temperament generally like? (are they shy, easy going, easily upset, etc...) _____

What is your normal method of discipline at home? _____

How does your child handle disappointment or frustration? _____

Does your child usually nap? At what time? _____

Does your child have a security object such as a blanket, doll, or pacifier? _____

Are there any food restrictions for your child? (Please note that children with food/dietary restrictions will not receive any food items, snacks, or drinks from our staff or associates)

What are your child's favorite foods? _____

What foods does your child dislike? _____

Is your child potty trained? {Goes most days without an accident} _____

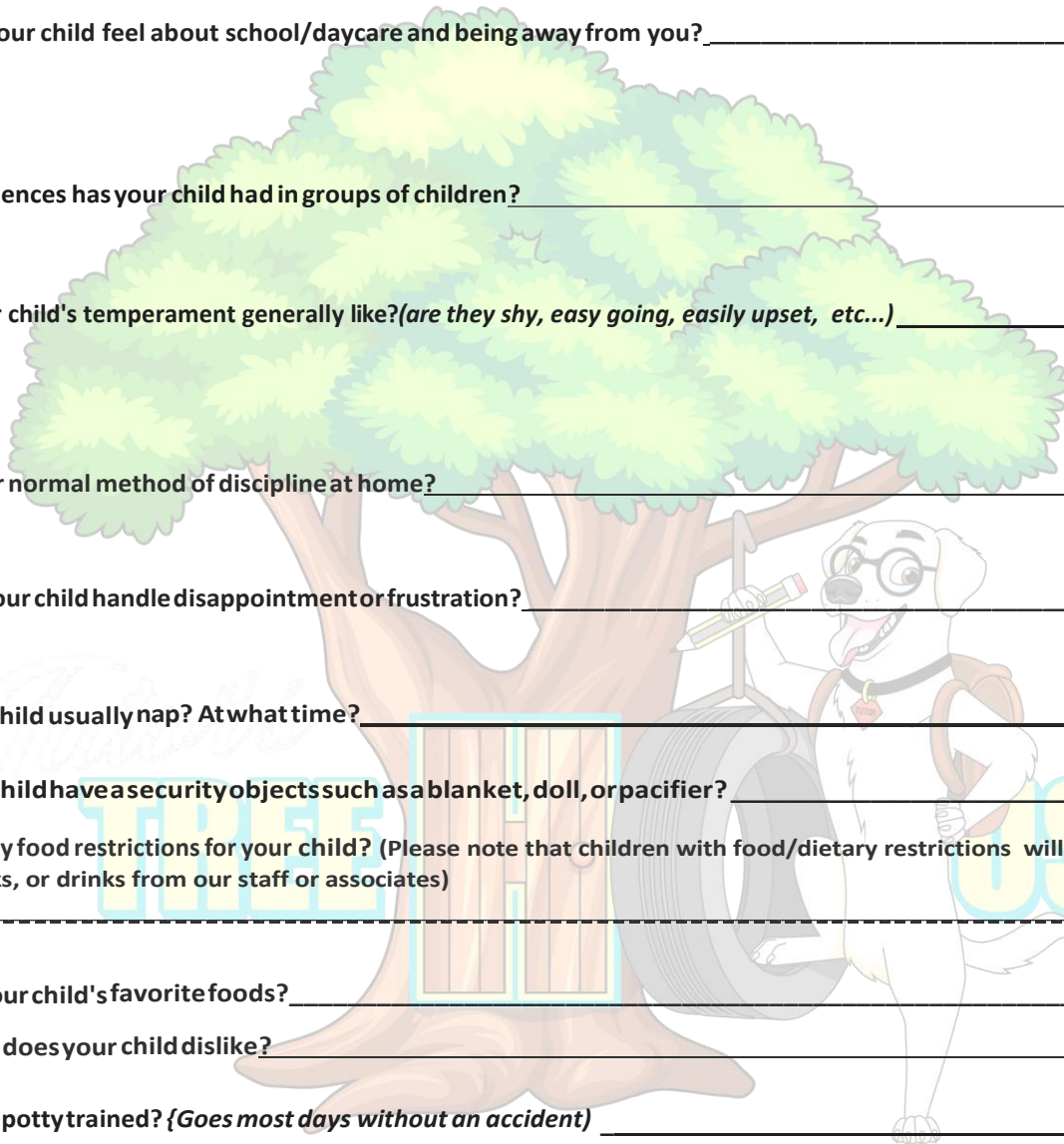
How does your child let you know they need to use the bathroom? _____

What word does your child use for: Bowel movements: _____ Urination: _____

What languages are spoken at home? _____

What are your child's favorite toys, activities, or games? _____

What else would you like me to know about your child or family? _____



Parent / Guardian Agreement

AUTHORIZATION FOR DIRECT DEBIT EFT / CREDIT CARDS (Cards on File)

The Buyer hereby understands and authorizes Tutor's Treehouse to deduct membership payments directly from the authorized banking institution or credit card account according to the terms of this membership agreement. The buyer authorizes Tutor's Treehouse to electronically deduct and process membership payments on or around the due date of each consecutive payment cycle agreed upon according to this membership agreement. The Buyer agrees to have funds available at least 3 days prior to the due date and will pay a service fee of \$35.00 on any item presented for collection and returned for any reason. The buyer will pay a fee of \$35.00 for any credit card chargeback. "Tutor's Treehouse" has the sole right to modify any payment due date.

Tutor's Treehouse Waiver Agreement

I am aware that programs offered by Tutor's Treehouse may include physical activities which may cause serious bodily injuries and/ or exposure to illnesses. These serious conditions might result not only from the participant's own actions, inactions or negligence, but the actions, inactions or negligence of others and/or the condition of the premises or of any equipment used. Further, there may be other risks not known to us that may cause serious bodily injuries and/or illness.

I accept all the responsibilities for all the bodily injuries and I will advise the participant about the possible injuries. I will waive, release, and discharge Tutor's Treehouse and/or its respective administrators, directors, agents, shareholders, instructors, and/or other employees/contractors of the organization, other participants, and lessor(s) of premises from liability and responsibility of any injuries that the participant may receive from enrollment in any program offered or the participation in such activities offered by any of the Tutor's Treehouse facilities.

Guardian Signature: _____

Tutor's Treehouse Consent Agreement

I have read all the information in the Policy & Term manual and the Waiver Agreement. I fully understand all of their contents and conditions. I understand that this agreement is legally binding and enforceable. I agree to comply with all the provisions, terms, policies, and conditions as per reserved in the Tutor's Treehouse Policy & Term manual.

I have answered all questions to the best of my knowledge and I have read all the Tutor's Treehouse Policies, Terms, and Agreements. I understand all the terms and conditions addressed in the agreement and I understand all the terms, policies, and conditions outlined in the Tutor's Treehouse Policy & Term Manual relevant to the time during which my child(ren) will be attending. By signing this agreement/application, I am acknowledging that I have signed this agreement voluntarily and I will be giving up substantial rights. I also understand that the paid fee is for any Tutor's Treehouse program and any fees, tuition, or other payments to the institution and/or its affiliates are not refundable under any circumstance.

Guardian's Signature _____

Date _____

Printed Name: _____