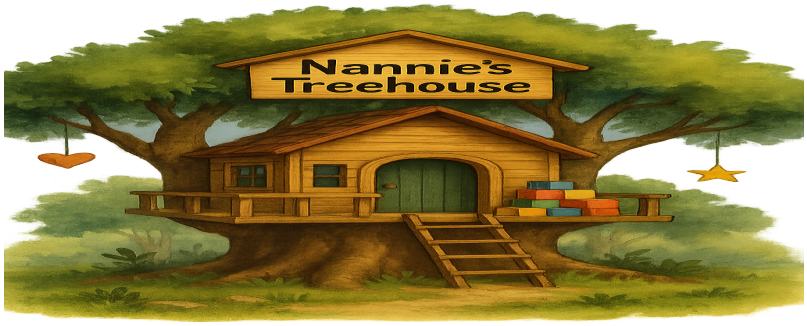

Nannie’s Treehouse

“Where Children Grow and Thrive”

Enrollment Application Form

Child Information

Full Name: _____
Date of Birth: _____ Age: _____ Gender: _____
Address: _____

Parent/Guardian Information

Parent/Guardian #1 Name: _____ Relationship: _____
Address: _____
Phone: _____ Email: _____

Parent/Guardian #2 Name: _____ Relationship: _____
Address: _____
Phone: _____ Email: _____

Emergency Contacts (other than parents)

1. Name: _____ Relationship: _____ Phone: _____
2. Name: _____ Relationship: _____ Phone: _____

Authorized Pick-Up Persons

_____

Medical Information

Physician’s Name: _____ Phone: _____
Preferred Hospital: _____
Allergies (food, medication, environmental): _____
Current Medications: _____
Special Needs or Conditions: _____

Enrollment Information

Desired Start Date: _____
Days of Attendance (check all that apply):
■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday
Program: ■ Full-Time ■ Part-Time

Permissions

■ I give permission for my child to be photographed/video recorded for classroom use.
■ I give permission for my child to participate in supervised walks/field trips.
■ I authorize emergency medical treatment for my child if I cannot be reached.

Parent/Guardian Agreement

I agree to follow all policies outlined in the Nannie’s Treehouse Parent Handbook and understand that failure to comply may result in termination of enrollment.

Parent/Guardian Signature: _____ Date: _____
Director Signature: _____ Date: _____