



Registration Packet

Child's name: _____ Birthdate: _____

Address: _____

Gender: M F Eye color: _____ Hair color: _____ Height: _____ Weight: _____

Other identifying marks: _____ Allergies: _____

Program: Infant (0-18 m) Toddler (18 m-3y) Preschool (3-4) K-Prep (4-5y)

Requested schedule: Full day Half day M T W Th F

Family Information

Student lives with (Circle all that apply):

Mother Father Stepmother Stepfather Guardian/Foster parent Other

Custody of student: _____ School related decisions: _____

Parent/Guardian	Parent/Guardian
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Email: _____	Email: _____
Cell: _____ Work: _____	Cell: _____ Work: _____
Employer: _____	Employer: _____
Occupation: _____	Occupation: _____



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Siblings

Name: _____ Birthday: _____ School: _____

Name: _____ Birthday: _____ School: _____

Name: _____ Birthday: _____ School: _____

Name: _____ Birthday: _____ School: _____

Authorized People to Release Students to (not including parents):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

General Information

What are your goals for your child's experience with My Learning Tree?

What interests does your child have? _____

Favorite foods: _____

Least favorite foods: _____

Eats with: Hands Spoon Fork Drinks from: Bottle Sippy cup Regular cup

Current nap schedule: _____ Item to snuggle: _____



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Scholastic Information

Current Preschool/Childcare: _____ Time attended: _____

Reason for changing current care and education: _____

Enrichment programs currently enrolled in: _____

Potty trained: Yes No Working on it Diaper/Pull-up at rest time: Yes No

Developmental History (age when began):

Sitting: _____ Walking: _____ Talking: _____

Please circle all that apply:

- Allergies Chronic illness Asthma Vision difficulties Hearing difficulties
- Physical restrictions Psychological counseling Learning differences
- Speech therapy Occupational therapy Early Intervention services

Please note below specific comments for items circled above: _____

Future plans/services: _____



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Authorization and Consent

Emergency Care

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child (name) _____.

However, if I cannot be reached, I hereby authorize My Learning Tree to have my child transported to (Hospital name) _____ and to secure the necessary treatment. I understand that the staff at My Learning Tree are trained in pediatric first aid and I authorize them to give my child first aid treatment when appropriate.

Parent signature: _____ Date: _____

Health insurance: _____ Member name: _____

Group number: _____ Physician's name/phone: _____

Photo Consent

During the course of daily learning experiences, pictures are taken to document and celebrate children's accomplishments! We request your permission to include your child within the school and on My Learning Tree's social media platforms and materials.

Yes

No

Within the school only

Sunscreen Application Consent

I want my child to have sunscreen applied prior to outdoor play. I will provide sunscreen for my child to use that is not expired, and is labeled.

Yes

No



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Parent Agreement Contract

Child's name: _____ Date of birth: _____ Start date: _____

Please fill in the hours of care and education that are needed. These hours will be used to staff accordingly.

There can be no exceptions to this schedule without prior authorization from the Director. To amend this agreement, a new Parent Agreement will be completed at least one week in advance of proposed change. If we can accommodate, we will.

Monday	Tuesday	Wednesday	Thursday	Friday
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

COVID ADDENDUM

- ✦ Children will be dropped off and picked up outside of the center. Staff and children only will be permitted inside.
- ✦ A daily attestation of good health will be completed at drop off by parent.
- ✦ No child will be permitted when showing any symptoms listed on the Covid Screening Tool mandated by the State of Rhode Island.
- ✦ Tuition remains the same for a child who is absent due to illness or suspected illness. For extended absence, families may choose to use their one-week vacation credit paying only 50% for that one week.
- ✦ Tuition credit will be applied if the center were to be mandated to close for Covid related reasons.
- ✦ Normal hours of operation are Monday through Friday 7:00 am to 5:30 pm.
- ✦ To secure enrollment for your child, a non-refundable registration fee of \$80 per child or \$125 per family is required.
- ✦ An annual enrollment fee of \$65 per child or \$105 per family is billed each September.
- ✦ There is a two-day minimum commitment per week.
- ✦ Four hours or less is considered a half day; anything over four hours is considered a full day.
- ✦ Full-time attendance shall not exceed ten hours per day.
- ✦ Tuition payments are excepted through automatic weekly bank draft or credit card only.



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- ✦ Tuition payments are run on the Friday prior to the week care and education are rendered.
- ✦ There is a \$35 fee for all transactions that are returned due to insufficient funds.
- ✦ Any account in arrears will be subject to termination and the family held responsible for litigation.
- ✦ Late departures are subject to \$15 per quarter hour. If we are unable to contact the family or the emergency contacts listed after closing, local authorities will be contacted after a reasonable amount of time has passed. Repeated late departures are subject to immediate termination of services.
- ✦ Annual Vacation Credit: One week per calendar year (Jan-Dec) is offered at half of your weekly tuition rate. Children are not permitted to attend during this period.
- ✦ The center will be closed according to the published list of holidays. Weekly tuition remains the same during holiday weeks. NOTE: If your child attends part-time and is scheduled to attend on a holiday, another day cannot be substituted.
- ✦ Weekly tuition payments remain the same in instances of school closures due to inclement weather or facility emergency.
- ✦ Families will provide updated pertinent information for your child's file as it occurs, including but not limited to annual physicals, updated immunizations, emergency contacts, address, phone numbers, and any pertinent medical information.
- ✦ When services are no longer needed, a two-week written notice must be given. Accounts are charged according to this policy.
- ✦ I release My Learning Tree, its officers and employees from all liability for injury to my child, in excess of the amount payable under insurances carried by My Learning Tree.
- ✦ This Parent Agreement Contract is subject to change at the discretion of My Learning Tree.
- ✦ My Learning Tree does not discriminate on the basis of gender, race, color, sexual orientation, disability, religion, or national origin.

Printed name: _____

Date: _____

Signature: _____



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Acknowledgement

By signing below, you hereby verify that all information on this application for enrollment is complete and accurate, and that you will abide by its policies herein.

Parent/legal guardian printed name: _____

Signature: _____ Date: _____