

Apple Tree Preschool Registration Form

Registration Fee _____
MWF AM _____ PM _____
TTH AM _____ PM _____

Child's Name _____ Male _____ Female _____
Name child wishes to use at Preschool _____
Date of Birth _____ Address _____
City _____ State _____ Zip Code _____ Phone _____

Father's Name _____ Father's Address _____
Father's Occupation _____ Place _____
Work Phone _____ Home Phone _____ Cell # _____

Mother's Name _____ Mother's Address _____
Mother's Occupation _____ Place _____
Work Phone _____ Home Phone _____ Cell # _____

Siblings _____

Person to call in case of an emergency and the parents cannot be reached:

Relationship to the child _____ phone _____

Please list any special needs your child has _____

Who will be bringing your child to preschool? _____

Who will be picking your child up from preschool? _____

Phone number (if other than parent or guardian) _____

Is there any additional information which will help us to better prepare for your child and to provide a better preschool experience? _____

How did you hear about Apple Tree Preschool? _____

Authorization for Emergency Medical Treatment

I hereby authorize Apple Tree Preschool personnel to secure emergency medical treatment for:

Child's Name _____

Physician to call: Name _____

Clinic: _____ Phone: _____

Hospital: _____ Phone: _____

If that Physician is not available, I hereby give authorization to call any qualified physician, clinic, or hospital. I understand that Apple Tree Preschool personnel will contact me before requesting medical treatment, if possible.

Signature of Parent _____ Date _____

.....

My Child _____ has permission to go on walks and fieldtrips with Apple Tree Preschool.

Signature of Parent _____ Date _____

.....

Monthly tuition is due the first school day of each new month. Refunds or credits will not be given for school release days or days absent.

Signature of Parent _____ Date _____

Parent's Statement on Health of Child

Instructions:

This form must be completed annually for any child enrolled in a licensed early childhood facility.
This form is completed by a parent or guardian of the child.

NAME OF CHILD _____ BIRTHDATE _____
PARENTS/GUARDIANS _____
ADDRESS _____ PHONE _____
FAMILY PHYSICIAN _____ PHONE _____
CLINIC _____
LAST VISIT TO DOCTOR _____ HEIGHT _____ WEIGHT _____
Does the child have any allergies? YES NO if yes please describe: _____

PLEASE CIRCLE IF ANY OF THE FOLLOWING CONDITIONS EXIST:

Asthma	Heart Conditon	Hearing Impairment
Diabetes	Seizures Disorder	Other Physical Impairment
Epilepsy	Medication Allergy	Frequent Colds
Cancer	Vision Impairment	Frequent Earaches

Other (please describe) _____

IS THE CHILD UNDER CURRENT MEDICAL TREATMENT: YES NO if yes please describe: _____

ARE THERE ANY MEDICATIONS THAT YOUR CHILD REGULARLY TAKE?
YES NO if yes please describe: _____

DESCRIBE ANY LIMITATIONS YOUR CHILD MAY HAVE FOR PARTICIPATION
IN AN EARLY CHILDHOOD CENTER: _____

HAS YOUR CHILD RECEIVED ANY IMMUNIZATIONS WITHIN THE PAST
YEAR? YES NO if yes please describe: _____

I certify that the above information is true to the best of my knowledge.

PARENT SIGNATURE _____

Apple Tree Preschool

117 Main Ave E
West Fargo, ND 58078
218-790-5327 & 701-306-2291

Dear Apple Tree Parents,

Thank you for enrolling your child in the Apple Tree Preschool. We hope you will enjoy your days with us.

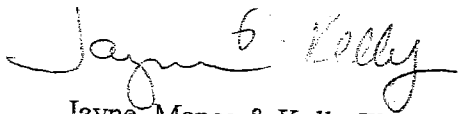
In order to keep you informed of our program's policies and to provide you with a handy guide filled with information on our preschool, we have prepared this Parent Handbook.

We ask you to take a moment to read the guide and sign the form below. Please return it to Apple Tree at your earliest convenience. We must have a signed copy of the form to complete your child's file.

Please feel free to contact a member of the Apple Tree staff with any questions you may have.

We are excited to get to know you and your family.

Sincerely,



Jayne Mapes & Kelly Thompson

PARENT GUIDE RECEIPT FORM

I, _____ acknowledge the receipt the Apple Tree Preschool Parent Handbook.

I have read the guide and understand the contents. I agree to contract Apple Tree Preschool for Services.

Parent's Signature _____ Date _____