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_____
Email Address_____
Siblings_____

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 #_____

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?_____

PARENT'S STATEMENT ON HEALTH OF CHILD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
EARLY CHILDHOOD
SFN 847 (5-2026)

Click Here to Clear Field Data

This form must be completed annually by a parent or guardian of each child enrolled in child care.

Child's Name			Date of Birth
Parent or Guardian Name	Home Phone Number	Cell Phone Number	Work Phone Number
Parent or Guardian Name	Home Phone Number	Cell Phone Number	Work Phone Number

MEDICAL PROVIDER INFORMATION

Enter Preferred Hospital to Transport to in Case of Emergency

MEDICAL HISTORY

Please share more information about any of the following conditions so we can support your child.

Explain any Chronic Health Conditions - Example: asthma, diabetes, epilepsy
Explain any Allergies or Intolerances - Example: food, medication, environmental, insect stings
Explain any Behavioral or Developmental Conditions
Explain any Physical Limitations or Disabilities
Explain any History of Serious Illness, Surgery, or Hospitalization

MEDICATIONS

List medications your child takes regularly
List medications your child needs to take for emergency care

CARE PLAN

If your child has special needs, licensing rules require that we have a written health care plan on file. This plan can come from you or your child's medical provider. It should include information about your child's needs, their diagnosis, any regular medications, and what to do in an emergency. If you need help creating a care plan, Child Care Aware of North Dakota has sample plans to get you started. https://ndchildcare.org/resources/

Does your child have a Care Plan, Individualized Family Service Plan, Individualized Education Program or other plan that describes the child's medical or developmental needs?

◯ No ◯ Yes - provide a copy of your child's file

CERTIFICATION

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

Signature of Guardian	Date Signed

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_____

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 a Parent Handbook which can be found online at AppleTree-Preschool.com.

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_____