



652 Taylor Road  
Owens Cross Roads, AL 35763  
256-585-6631

# Registration Form 2024-2025

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent's/Guardian's Name

\_\_\_\_\_  
Phone 1

\_\_\_\_\_  
Phone 2

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

I request that the above child be enrolled for the 2023-2024 program:  
**(Age as of September 1, 2024)**

### AGES 1-4 - NON-REFUNDABLE Enrollment Fee...to be paid at time of enrollment (this is NOT a deposit):

\_\_\_\_ Enrollment Fee \$250 (includes Registration and Curriculum & Supply Fees)

**\*\*\*Enrollment fee for each additional child will be \$200\*\*\***

#### TUITION:

\_\_\_\_ One Year Olds, Monday & Wednesday, \$230 per month (must be confident walker on multiple surfaces)

\_\_\_\_ One Year Olds, Tuesday & Thursday, \$230 per month (must be confident walker on multiple surfaces)

\_\_\_\_ Two Year Olds, Monday, Wednesday & Friday, \$265 per month

\_\_\_\_ Two Year Olds, Tuesday & Thursday, \$245 per month

\_\_\_\_ Three Year Olds, Monday-Friday, \$300 per month (must be fully potty trained and independent in the bathroom, also no pull-ups are allowed in class)

\_\_\_\_ Three Year Olds, Monday, Wednesday & Friday, \$265 per month (must be fully potty trained and independent in the bathroom, also no pull-ups are allowed in class)

\_\_\_\_ Three Year Olds, Tuesday & Thursday, \$245 per month (must be fully potty trained and independent in the bathroom, also no pull-ups are allowed in class)

\_\_\_\_ Four Year Olds, Monday-Friday, \$305 per month

\_\_\_\_ Four Year Olds, Monday-Thursday, \$280 per month

### KINDERGARTEN - NON-REFUNDABLE Enrollment Fee to be paid at time of enrollment:

\_\_\_\_ Enrollment Fee \$295 (includes Registration and Curriculum & Supply Fees)

**\*\*\*Enrollment fee for each additional child will be \$200\*\*\***

#### TUITION:

\_\_\_\_ Kindergarten, Monday-Friday, \$320 per month

#### Policy Agreement (Please read and initial here \_\_\_\_\_)

- All necessary forms must be submitted prior to admission to the program.
- Tuition is due at the first of each month. A \$15 late fee is charged if payment is not received by the 8th of the month.
- No refunds will be made for holiday, illness, or inclement weather.
- A two week written notice is required in case of necessary withdrawal of a child who attends our program.
- Late fees will be assessed for any child not picked up by 12:45.  
(\$10 for 1-15 mins late; \$20 for 16-30 mins)
- Tuition is subject to change with a one-month's prior written notice.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Amount Paid

For Office Use Only

Number of Fobs needed \_\_\_\_\_



# treeschool

652 Taylor Road  
Owens Cross Roads, AL  
35763  
256-585-6631

## Admission Record 2024-2025

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Parent's Relationship to Each Other: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single  
(if divorced, a copy of the Divorced Decree noting guardianship, days of visitation, etc... **must** accompany this form)

Child lives with (please check all that apply):  
\_\_\_\_\_ Mother and Father \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other

Father's Name \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

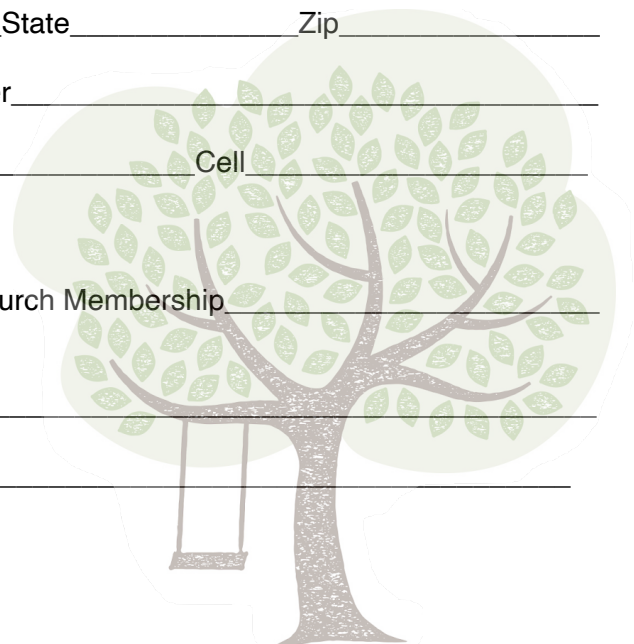
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Family religious preference \_\_\_\_\_ Church Membership \_\_\_\_\_

How did you find out about our program? \_\_\_\_\_

\_\_\_\_\_



## Personal Data

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Name child goes by \_\_\_\_\_

Parents at home?     yes     no    Other adults living at the home \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Sibling Names & Ages \_\_\_\_\_

## Child's Habits

### Eating

Good Appetite     Poor Appetite

Child Likes \_\_\_\_\_

Child Dislikes \_\_\_\_\_

### Sleeping

Child's usual bedtime \_\_\_\_\_ What time does he/she get up? \_\_\_\_\_ Sleep through the night? \_\_\_\_\_

### Dressing and Toileting

Can child dress himself/herself?     yes     no

In what areas does he/she need help? \_\_\_\_\_

What expressions does the child use to tell you that he/she needs to go to the toilet? \_\_\_\_\_

### Development

Is speech clear to those outside the family?     yes     no    Likes his/her own way?     yes     no

Any particular fears or habits? \_\_\_\_\_

Does child have a strong temper?     yes     no    Is he/she self-reliant?     yes     no

### Discipline

How is child disciplined? \_\_\_\_\_

Rewarded for good behavior? \_\_\_\_\_

Who is responsible for discipline? \_\_\_\_\_

Any special problems? \_\_\_\_\_

### Play and Relationship with Others

Chief play interests \_\_\_\_\_

Favorite toy \_\_\_\_\_

Plays alone     yes     no    With other (ages)     yes     no    With adults     yes     no

Does child play well with other children? \_\_\_\_\_

Has the child had other group experiences? \_\_\_\_\_

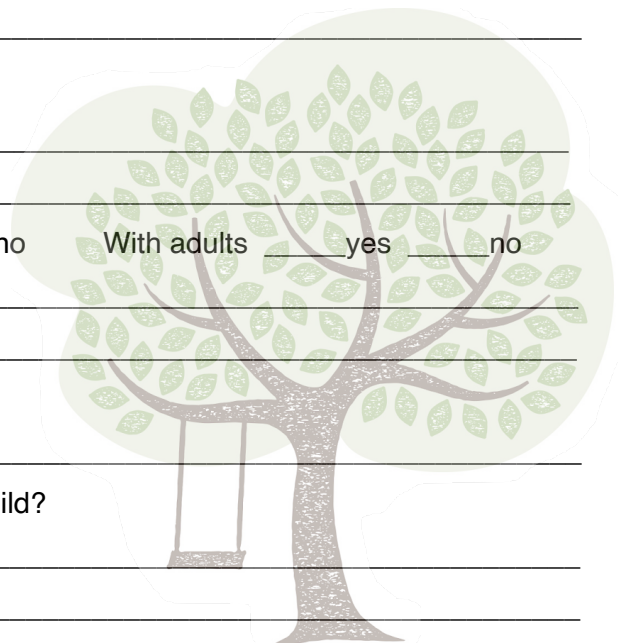
Is it hard for child to share?     yes     no

Reaction to strangers \_\_\_\_\_

Any other important information that might help us in working with your child?

\_\_\_\_\_

\_\_\_\_\_



## Emergency Contacts & Release of Child

**Child's Name** \_\_\_\_\_

**Person(s) to be contacted in an emergency if parent(s) cannot be reached:**

I also authorize that my child, \_\_\_\_\_, can be released by Treeschool to the following persons. Please indicate if the individual is a Treeschool carpool pick-up person or a caregiver that will be picking up/dropping off frequently. Only individuals that we see more often or as often as we see the parents will be given a Procure pin number. If someone other than those listed on this sheet need to pick up we must be notified in writing.

Name/Nickname \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Is this a carpool or caregiver \_\_\_\_\_

Name/Nickname \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Is this a carpool or caregiver \_\_\_\_\_

Name/Nickname \_\_\_\_\_ Relationship to child \_\_\_\_\_

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Name/Nickname \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Is this a carpool or caregiver \_\_\_\_\_

Name/Nickname \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Is this a carpool or caregiver \_\_\_\_\_

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## Allergy/Medical Information

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Child's Name \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

Allergies?  YES  NO

If yes, please list allergies, severity, as well as what our response should be.

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Are there any other medical conditions we should be aware of?  YES  NO

If yes, please elaborate.

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## Emergency Medical Care

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In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Treeschool to seek emergency medical treatment, including emergency transportation for my child. I agree to be responsible for any emergency medical expenses incurred.  YES  NO

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## Photographs

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I give permission for Treeschool and Rivertree Church to take photographs of my child during activities at Treeschool for the purpose of scrapbooks, church use, video presentation.  YES  NO

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## Contacts

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I agree to let my child's teacher give out my address, email and phone number to his/her classmates.  YES  NO

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## Individual Transportation Agreement

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I understand that Treeschool is not responsible for my child until I have delivered him/her to Treeschool staff. I understand that the authorized person or myself must sign (no initials, full signature required) my child in and out each day. I further understand that my child will not be released to anyone other than the person(s) that I have authorized in writing to receive my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

