



201 Marsheutz Ave.
Huntsville, AL 35801
256-993-6571 ext. 148

Downtown Registration Form 2025-2026

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 2025-2026 program:
(Age as of September 1, 2025)

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:

_____ Two Year Olds, Monday, Wednesday & Friday, \$275 per month

_____ Two Year Olds, Tuesday & Thursday, \$255 per month

_____ Three Year Olds, Monday, Wednesday & Friday, \$275 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, \$315 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 via PC, check, or cash

201 Marsheutz Ave.
Huntsville, AL 35801



treeschool 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 _____

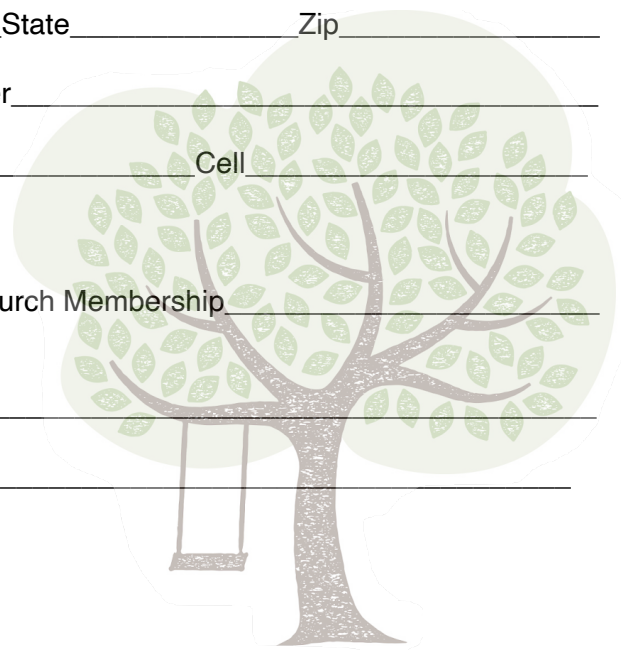
City _____ State _____ Zip _____

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

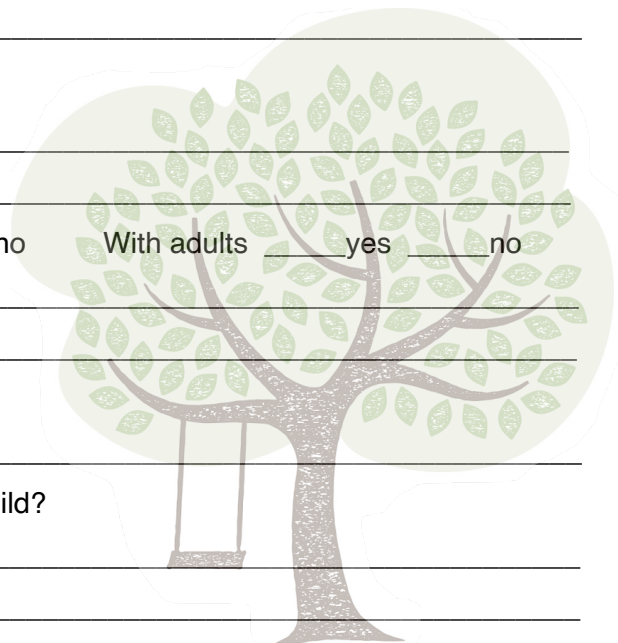
Does child play well with other children? _____

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 _____

Name/Nickname _____ Relationship to child _____

Home Phone _____ Cell Phone _____

Name/Nickname _____ Relationship to child _____

Home Phone _____ Cell Phone _____

Name/Nickname _____ Relationship to child _____

Home Phone _____ Cell Phone _____

Name/Nickname _____ Relationship to child _____

Home Phone _____ Cell Phone _____

Name/Nickname _____ Relationship to child _____

Home Phone _____ Cell Phone _____

Name/Nickname _____ Relationship to child _____

Home Phone _____ Cell Phone _____

Allergy/Medical Information

Child's Name _____ Weight _____ Age _____

Allergies? YES NO

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

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

If yes, please elaborate.

Emergency Medical Care

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

Photographs

I give permission for Treeschool and Rivertree Church to take photographs of my child during activities at Treeschool for the purpose of:

Treeschool use only - scrapbooks/Treeschool slideshows/Procure/Monthly Newsletters YES NO

Church use or website YES NO

Promotional videos YES NO

Contacts

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

Individual Transportation Agreement

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

