



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

Cove Registration Form

2026-2027

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 2026-2027 program:

(Age as of September 1, 2026 in the 2s - Kindergarten class and and 1 by May 1, 2026 in the 1's class)

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

_____ Enrollment Fee \$255 (includes Registration and Curriculum & Supply Fees)

*****Enrollment fee for each additional child will be \$205*****

TUITION:

_____ One Year Olds, Monday & Wednesday, \$245 per month **(1 by May 1, 2026** and must be confident walker on multiple surfaces)

_____ One Year Olds, Tuesday & Thursday, \$245 per month **(1 by May 1, 2026** and must be confident walker on multiple surfaces)

_____ Two Year Olds, Monday, Wednesday & Friday, \$280 per month

_____ Two Year Olds, Tuesday & Thursday, \$260 per month

_____ Three Year Olds, Monday-Friday, \$315 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, \$280 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, \$260 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, \$320 per month

_____ Four Year Olds, Monday-Thursday, \$295 per month

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

_____ Enrollment Fee \$300 (includes Registration and Curriculum & Supply Fees)

*****Enrollment fee for each additional child will be \$205*****

TUITION:

_____ Kindergarten, Monday-Friday, \$335 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

OFFICE USE ONLY: How many Gallagher security credentials requested (\$10 each): _____



treeschool

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

Admission Record
2026-2027

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 _____

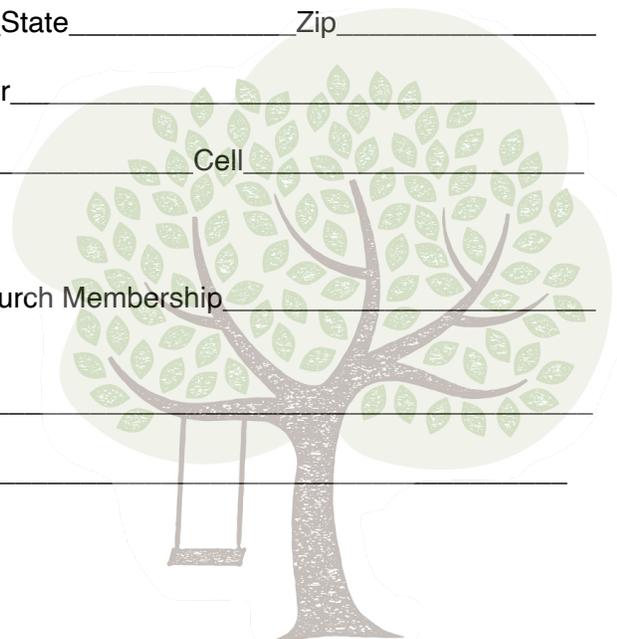
City _____ State _____ Zip _____

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

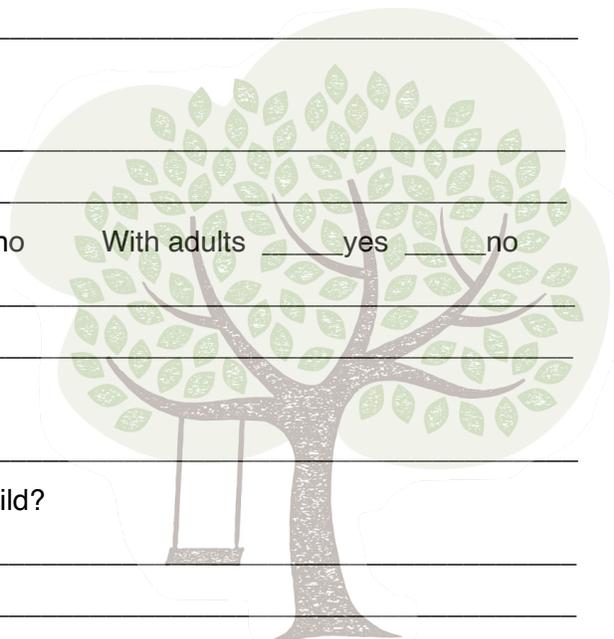
Does child play well with other children? _____

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 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 or use their unique Procure pin) 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

