

**TREE OF LIFE CHILD DEVELOPMENT CENTER**

**Enrollment Packet**

Please print clearly with blue or black ink.

Child's Full Name: _____	Birth Date: _____
Address: _____	
Home Phone: _____	
City: _____	State: _____ Zip Code: _____
Nickname: _____	Child Age Today: _____
Mother's Full Name: _____	
Phone: _____	
Address: _____	
City: _____	State: _____ Zip Code: _____
Email _____	Occupation: _____
Name of Employer: _____	Work Phone: _____
Work Hours: _____	DOB: _____
Father's Full Name: _____	
Phone: _____	
Address: _____	
City: _____	State: _____ Zip Code: _____
Email _____	Occupation: _____
Name of Employer: _____	Work Phone: _____
Work Hours: _____	DOB: _____

Parent/Guardian with legal custody \_\_\_\_\_

Parents are: Married \_\_\_ Living Together \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_ Single \_\_\_

Custody/Visitation Arrangements (if applicable): \_\_\_\_\_

Language Spoken at home: \_\_\_\_\_ Other Household Members (Name, Age, Relationship): \_\_\_\_\_

How did you hear about Tree of Life? \_\_\_\_\_

Family's religious tradition (optional): \_\_\_\_\_

**Emergency Contacts**

*Primary Emergency Contact (other than parents or guardian)* \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

*Person (s) authorized to pick up my child: (Besides parents or guardians)*

Name: \_\_\_\_\_ Comment \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Comment \_\_\_\_\_

**Emergency Release**

**Consent to Emergency First Aid & Transportation:** I hereby give permission that my child, may be given emergency treatment by a staff member at TOL Child Development Center. I also give permission for my child to be transported by car, ambulance, or Aid car to an emergency center for treatment, and agree to hold TOL Child Development Center and its employees harmless.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent to Medical Care and Treatment:** In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold TOL Child Development Center and its employees harmless.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Health Information**

Date of last complete exam: \_\_\_\_\_ Health Status: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Regular Medications: \_\_\_\_\_

*(If the child needs to receive medication while at the facility, please complete a medication authorization form)*

Allergies (including food): \_\_\_\_\_

Please describe any chronic illnesses, major accidents, or surgeries your child has had: \_\_\_\_\_

Does your child use an inhaler for any reason? Yes ( ) No ( )

Does your child have any special medical, physical, social, or emotional needs that the staff should be aware of?

I understand that any diaper creams, lotions, chapstick, or salves of any sort need to be provided by the parent from home. Following is a list of non-prescription salves or medications I give permission for my child to use on a regular basis. I understand that I will need to update this list if I decide to send something new with my child:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Field Trip Permission**

I hereby agree that my child, \_\_\_\_\_, is permitted to participate in field trips, walks to the park, or any other activities that would involve taking the child outside of the daycare for his/her benefit in attendance at this facility. I understand that I will be told ahead of time if TOLCDC is transporting my child to another location by vehicle for educational purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Permission**

Occasionally, pictures of the children attending our facilities may appear in newsletters, on our website, or our Facebook page. Do you give permission for your child, to have his/her picture appear in the aforementioned media? Yes ( ) No ( )

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please know that we will be taking all children's photos for use in such things as art projects, screen savers, and classroom decorations within the facility\*\***

**Bus Information**

Will your child be transported to or from TOLCDC by bus? Yes ( ) No ( )  
 (If no, skip this section. If yes, please complete.) Bus number: \_\_\_\_\_ Bus phone number: \_\_\_\_\_

Where is the child coming from/going to on the bus? \_\_\_\_\_

List the days and times your child will be picked up/dropped off by the bus:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Enrollment Expectations**

**Parent/Guardian agrees to the following expectations:**

- Accounts are paid on the 1st of each month
- Insufficient funds results in a \$50 added charge to your bill; a late fee of \$50 will be assessed if your payment is between 4 and 6 days late, and your child will not be accepted on the 7<sup>th</sup> day.
- A one-time enrollment fee of \$50 per child is due prior to enrollment (no refunds).

I have received and read the Tree of Life Child Development Center Policy Handbook, and I agree to abide by the policies outlined within it.

\_\_\_\_\_  
 Printed Name (Parent)

\_\_\_\_\_  
 Printed Name (Child)

\_\_\_\_\_  
 Signature (Parent)

\_\_\_\_\_  
 Date

**Developmental Questionnaire**

Briefly describe your child (likes/dislikes, interests, personality, etc...) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Does your child have any special medical, physical, social or emotional needs that staff should be aware of?  
 \_\_\_\_\_
- Has the child been in a day care setting before? Yes ( ) No ( )
- How many other children at a time is your child accustomed to being around? \_\_\_\_\_
- Has the child ever been asked to leave another center or home day care? Yes ( ) no ( )
- If yes, why? \_\_\_\_\_
- Does the child have any nervous habits? \_\_\_\_\_
- What is the child's current nap schedule and length? \_\_\_\_\_  
 \_\_\_\_\_
- What time does your child go to bed at night and wake up in the morning? \_\_\_\_\_
- How much television does your child watch a day? \_\_\_\_\_
- Other languages besides English spoken in your home? Yes ( ) No ( ) If so what language? \_\_\_\_\_
- What form of behavior management do you use at home? \_\_\_\_\_  
 \_\_\_\_\_

**TODDLER/PRE-SCHOOLER**

Is the child fully responsible for his/her own toileting during the day? Yes ( ) No ( )

Is the child fully responsible for his/her own toileting at night? (no pull-ups/diapers) Yes ( ) No ( )

If not, what does he/she need? \_\_\_\_\_

How high can the child count? \_\_\_\_\_

*ANSWER YES or NO*

Does he/she:

- say the ABC's? \_\_\_\_
- use scissors? \_\_\_\_
- share effectively? \_\_\_\_
- interact with other children? \_\_\_\_
- play well with alone? \_\_\_\_
- color with crayons? \_\_\_\_

- recognize colors? \_\_\_\_
- recognize shapes? \_\_\_\_
- recognize written letters? \_\_\_\_
- write with a pencil? \_\_\_\_
- use glue or paste? \_\_\_\_
- speak clearly? \_\_\_\_
- tie his/her own shoes? \_\_\_\_

**INFANT:**

Does the child use a bottle during the day? Yes ( ) No ( ) To go to sleep? Yes ( ) No ( )

Does the child use a pacifier? Yes ( ) No ( ) If yes when? \_\_\_\_\_

Does the child use a crib to sleep in at home? Yes ( ) No ( ) \_\_\_\_\_

*ANSWER YES or NO*

Does he/she:

- roll over? \_\_\_\_
- sit up unassisted? \_\_\_\_
- crawl? \_\_\_\_
- pull to a stand? \_\_\_\_
- take steps by him/herself? \_\_\_\_
- feed him/herself with a spoon? \_\_\_\_
- drink from a "sippy" cup? \_\_\_\_



**Enrollment Contract**

Please complete one enrollment contract per child.  
Any changes to this schedule need to be submitted to TOLCDC for approval.

Name of Child: \_\_\_\_\_ Day on which this schedule begins: \_\_\_\_\_

**Type of Care (Circle One Option)**

Age	F/T Month	P/T Month	F/T Day	P/T Day	Hourly
Infant (6 wks-18 mo)	<b>\$950</b>	<b>\$581</b>	<b>\$70</b>	<b>\$40</b>	<b>\$12.00</b>
Toddler (19 mo-36 mo)	<b>\$900</b>	<b>\$665</b>	<b>\$65</b>	<b>\$40</b>	<b>\$12.00</b>
Child (37 mo-6 yrs)	<b>\$706</b>	<b>\$434</b>	<b>\$50</b>	<b>\$30</b>	<b>\$10.00</b>
School Age (7 yrs-12 yrs)	<b>\$706</b>	<b>\$434</b>	<b>\$40</b>	<b>\$30</b>	<b>\$10.00</b>

*My Child will be placed into care and removed from care according to the following schedule. Any pick-up or drop-off times other than the times listed below will result in early/ late charges as listed in the most recent version of the parent handbook. Any changes in the days agreed upon must be met with a 2 week written notice in order for TOLCDC to see if we can accommodate the requested changes.*

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>AM Drop-off Time</b>					
<b>PM Pick-up Time</b>					

If your schedule fluctuates, please list the exact dates that your child will be in attendance this month so that we can adequately schedule staff:

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\_\_\_\_\_  
**Printed Name of Parent/Guardian**                      **Signature of Parent/Guardian**                      **Date**

**Enrollment Checklist:**

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1.    <input type="checkbox"/> Childcare Enrollment Packet</li> <li>2.    <input type="checkbox"/> Emergency Card</li> <li>3.    <input type="checkbox"/> Immunization Certificate</li> <li>4.    <input type="checkbox"/> One Time Registration Fee of \$50</li> <li>5.    <input type="checkbox"/> CACFP Forms</li> <li>6.    <input type="checkbox"/> Supply Kit (age appropriate &amp; labeled)</li> <li>7.    <input type="checkbox"/> Medication Authorization Form (if applicable)</li> </ol> | Date of Payment: _____<br>Amount Paid: _____<br>( ) Registration ( ) Tuition ( ) Other: _____<br>Method of Payment: ( ) Cash ( ) Check ( ) Credit Card<br><br>Staff Initials: _____ |
|---|---|