



Child's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Name to be used at school if different \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ E-mail address (optional) \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation/Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Home Address (if different) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation/Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Home Address (if different) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Marital Status of Parents: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Single \_\_\_ Widowed \_\_\_ Other \_\_\_

Other members in the household: Relationship: Age:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list anyone else involved in rearing your child and give relationship (nanny, babysitter, grandparent, etc.)

\_\_\_\_\_

Name ALL persons authorized by you to pick up your child from pre-school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



History of development that might be helpful for us to know (premature birth, serious illnesses or accidents, physical difficulties, special fears, etc.) \_\_\_\_\_

Describe your child's general health: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Other allergies: \_\_\_\_\_

Explain any special difficulties such as speech, hearing, or any chronic physical problem we need to be aware of:

\_\_\_\_\_

Is there a language other than English spoken at home? \_\_\_\_\_ What is it? \_\_\_\_\_

What kinds of group experiences has your child had?

\_\_\_\_\_

Describe how your child interacts with other children: \_\_\_\_\_

\_\_\_\_\_

Describe your child's favorite toys, activities, etc.: \_\_\_\_\_

\_\_\_\_\_

How can our school best help your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which program are you interested in?

3's – young 4's

Morning (9:00 – 11:15 A.M.) \_\_\_\_\_

Afternoon (12:15 – 2:30 P.M.) \_\_\_\_\_

Lunch Option \_\_\_\_\_

All Day (9:00 – 2:30) \_\_\_\_\_

Pre-Kindergarten

Morning (9:00 – 11.15 A.M.) \_\_\_\_\_

Afternoon (12:15 – 2:30 P.M.) \_\_\_\_\_

Lunch Option \_\_\_\_\_

All Day (9:00 – 2:30) \_\_\_\_\_

Tuition Cost: Morning or Afternoon Session: \$105.00 per month / \$945.00 per year

Lunch Option: \$30.00 per month / \$270.00 per year

All Day: \$240.00 per month / \$2,160.00 per year

Full tuition is divided into nine equal payments of which the first payment is the registration fee. This fee is non-refundable. The remaining eight payments are due on the first Tuesday of the month beginning in September and ending in April. Please sign below to indicate that you understand these conditions:

Signature \_\_\_\_\_ Date \_\_\_\_\_

A class roster will be prepared for class members' families at the beginning of the year. This roster will be made available only to the members of Tree City Preschool. For this to be made available, you need to sign and date the following permission:

\_\_\_\_\_ I give permission for parent names and phone numbers to appear on the class roster that will be distributed to class members' families upon request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ I do not wish to have this information available to class members' families.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ I give permission for my child to go on supervised walks on church property throughout the school year.

Signature \_\_\_\_\_ Date \_\_\_\_\_

DATE ADMITTED \_\_\_\_\_ PAYMENT \_\_\_\_\_

CLASS \_\_\_\_\_