



Today's date: \_\_\_ / \_\_\_ / \_\_\_

My child will be attending on: \_\_\_ Tuesday \_\_\_ Thursday \_\_\_ Both Tuesday & Thursday

**GENERAL INFORMATION**

**CHILD'S** Name \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_ (mm/dd/yy)  
 Goes by \_\_\_\_\_ Girl \_\_\_ Boy \_\_\_  
 Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_ **T-shirt size:** Toddler: 2T, 3T, 4T, 5T Youth: XS, S, M, L  
 (Circle one)

**FAMILY INFORMATION**

**DAD'S** Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Home Address (if different from child) \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Pager \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 email \_\_\_\_\_

**MOM'S** Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Home Address (if different from child) \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Pager \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 email \_\_\_\_\_

**OTHER PEOPLE** in the household (e.g. brother, sister, etc.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FAMILY CHURCH AFFILIATION** \_\_\_\_\_

**PERSONAL AND MEDICAL INFORMATION**

Is your child toilet trained? \_\_\_ Yes \_\_\_ No

If you are in the process, please give any suggestions for us to help you at school:

\_\_\_\_\_

Does your child take a nap? \_\_\_ Yes \_\_\_ No

Has your child been left with anyone other than relatives? \_\_\_ Yes \_\_\_ No

Has your child had any of the following?

\_\_\_ Measles \_\_\_ Mumps \_\_\_ Chicken pox \_\_\_ Flu  
 \_\_\_ Meningitis \_\_\_ Convulsions \_\_\_ Allergies \_\_\_ Whooping Cough

Please list allergies (including food) and reactions \_\_\_\_\_

Is there any evidence of:

\_\_\_ Hearing loss or difficulties? \_\_\_\_\_  
 \_\_\_ Vision difficulties? \_\_\_\_\_  
 \_\_\_ Speech disabilities? \_\_\_\_\_

List any . . .

Other illnesses/conditions \_\_\_\_\_  
 Medications taken regularly by the child \_\_\_\_\_  
 (No medications can be administered by Learning Tree personnel)

## EMERGENCY NOTIFICATION AND AUTHORIZED RELEASE LIST

Please list the names of everyone (other than parents) who may pick up your child or be notified in case of an emergency. Please prioritize list.

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_  
Relation to child \_\_\_\_\_

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_  
Relation to child \_\_\_\_\_

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_  
Relation to child \_\_\_\_\_

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_  
Relation to child \_\_\_\_\_

I understand that my child's image and/or first name may be included in a video or in photographs that may be made during the year. I consent that my child's image and/or first name may appear on videos, promotional resources, church web site, Facebook, etc.

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

## MEDICAL AUTHORIZATION FORM

Our staff will do everything possible to see that your child is safe and secure at all times. However, we do need you to fill out this form as a precautionary measure in the event of an emergency.

I, \_\_\_\_\_ of \_\_\_\_\_  
(parent or legal guardian's name) (street)  
\_\_\_\_\_, (\_\_\_\_\_) \_\_\_\_\_, give my authorization and  
(city) (phone)  
permission for emergency treatment of my child, \_\_\_\_\_, to  
(child's name)  
staff members of Putnam City Baptist Church in the event of any emergency in my absence, and  
while under their care.

Insurance Company \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Student's Insurance ID or Policy number \_\_\_\_\_  
Doctor \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Hospital \_\_\_\_\_

Signature of Legal Guardian \_\_\_\_\_  
Date \_\_\_\_\_



# Learning Tree

## Parent – Agreement

1. Tuition is due on the first school day of each month. Parents are responsible for payment of fees on time. A late fee will be charged for tuition not paid within the first two school days of the month. A two week notice is required from parents if a child must withdraw from the program.
2. Refunds cannot be made due to illness, vacation, and inclement weather. Children attending one day may not switch school days.
3. The school day is over at 2:30, please arrive on time. **Late charges will start accumulating at 2:40 at the rate of \$1.00 per minute per child.** Parents are responsible for paying all late charges to the teachers upon pick-up that day.
4. For the protection of all children and teachers, do not bring children who have had any of the following symptoms within twenty-four hours: fever, vomiting, diarrhea, croup, runny nose with yellow or green discharge, unexplained rash or skin infection, boils, ringworm, impetigo or pinkeye.
5. Parents arriving early must remain with their children until they are accepted at 9:30 am. This allows teachers time to prepare their classrooms for the day.
6. Each child should bring a labeled lunch and drink that does not require heating or refrigeration. **No red or blue drinks are allowed.** The dye in these colors can cause permanent discoloration of clothes, furniture and carpeting.
7. The Pre-K class does not nap. All other classes have a daily rest time. In addition to a complete change of clothes, parents need to send a nap mat, blanket and any “security item” that will make your child more comfortable during rest time.

**The PCBC Learning Tree Program Guidelines and Policies involved in the care of my child are understood and agreed upon between PCBC Learning Tree and Parents.**

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Parent