

The Tree House Child Care and Enrichment

1300 Flanders Rd, Mystic CT

Mailing address: PO BOX K, Groton, CT 06340

860-572-2173

Office Use Only:	
Roster	<input type="checkbox"/>
Procare Demographic	<input type="checkbox"/>
Procare Financial	<input type="checkbox"/>
Payment Received	<input type="checkbox"/>
Medical Paperwork	<input type="checkbox"/>



REGISTRATION FORM

2020 - 2021 School Year

CHILD'S INFORMATION

Child's Full Name					Nickname	
Address					Home Phone	
School	Teacher	Grade	Age	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name		Home Phone	
Address		Cell Phone	
Employer		Work Phone	
Employer Address (must include street, town, zip code)		Primary Email Address – this is our primary method of communication.	

Parent/Guardian Name		Home Phone	
Address		Cell Phone	
Employer		Work Phone	
Employer Address		Email	

EMERGENCY CONTACT/AUTHORIZED PICK-UPS - *At least one person 18 years or older must be listed.*

Name	Relationship	Home Phone
Address		Cell Phone

Name	Relationship	Home Phone
Address		Cell Phone

Name	Relationship	Home Phone
Address		Cell Phone

Child's Full Name _____

ENROLLMENT AND SCHEDULE

I would like for my child to start the program on _____	<input type="checkbox"/> Catherine Kolnaski (open to CK & CC)	<input type="checkbox"/> Charles Barnum (open to CB & MM)	<input type="checkbox"/> Northeast Academy	<input type="checkbox"/> SB Butler
<input type="checkbox"/> Morning Program	My child will attend these days. I will notify Tree House of absences. <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri		Approximate drop-off time for planning purposes: _____ AM Drop Off	
<input type="checkbox"/> Afternoon Program	My child will attend these days. I will notify Tree House of absences. <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri		Approximate pick-up time for planning purposes: _____ PM Pick up	

EMERGENCY DISMISSAL PROCEDURES

If the superintendent determines it necessary to dismiss school early or cancel afternoon activities, the Tree House will not open for the afternoon session. You will be notified by the district's autodialer system of closings and will not receive a call from Tree House directly. For this reason, it is extremely important that we know your child's dismissal plan in advance.

In the event of an unplanned early dismissal due to inclement weather (Tree House will be canceled):

- My child will take the bus home.
- I will arrange for transportation **from school** by an authorized adult listed above.

TUITION AND DEPOSIT

<i>Use this chart to determine your fees.</i>	Morning Program	Afternoon Program	Morning & Afternoon Program
Tuition	<input type="checkbox"/> \$40	<input type="checkbox"/> \$45	<input type="checkbox"/> \$80
Registration Fee (charged annually)	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50
Due at Registration	<input type="checkbox"/> \$90	<input type="checkbox"/> \$95	<input type="checkbox"/> \$130

PARENT STATEMENT OF UNDERSTANDING

Please initial each section to indicate that you understand and agree to the policy. Leave blank any section that you would like clarification on and your questions will be answered at the registration meeting.

- _____ I agree to pay the tuition rate checked above. Tuition is due on Monday each week. **Registration fee is non-refundable.**
- _____ I understand that my child's spot in the program is not secure until the amount noted above is paid in full.
- _____ I understand that tuition is paid via Tuition Express and I have provided the info necessary for registration for auto-pay services.
- _____ I understand that failing to pay on-time will result in a weekly \$25 late fees and/or suspension from the program.
- _____ I understand that the program does not prorate for holidays or absences, **including the December break.**
- _____ I understand that 2 week notice, in writing, is required to remove my child from the program.
- _____ I agree to notify the Tree House of any absences or changes in schedule.
- _____ I understand that my child will not be dismissed to anyone that is not on the authorized list without prior written consent and that there will be no exceptions to this policy.
- _____ I agree to sign my child in and out of the program daily.
- _____ I will pick my child up before 6:00 p.m. each day. I understand that not doing so will result in late pick-up fees and/or suspension from the program.
- _____ I authorize The Tree House to photograph my child engaged in activities. I understand his/her picture may appear in brochures or other school publications or on the school website.
- _____ I understand that district school buses will transport my child as necessary, including to/from his/her home school to the Tree House Site location.
- _____ I have read and understand all policies in the handbook and give my child permission to participate fully in the program, including field trips and hikes on the school grounds.

Parent/Guardian Signature

Date

Child's Name



Child's Full Name

STUDENT HEALTH INFORMATION

Confidential and to be kept in a secure location for emergency access only.

Pediatrician Name	Phone
Dentist Name	Phone
Health Insurance Company	Group #
Name of Insured	ID #

CURRENT MEDICATIONS

Medication	Diagnosis	Prescribed By
Medication 1	Diagnosis	Prescribed By
Medication 2	Diagnosis	Prescribed By
Medication 3	Diagnosis	Prescribed By

ALLERGIES OR SPECIAL ACCOMODATIONS

Does your child have any allergies or special needs? Yes No

If yes, please explain and/or attach additional information:

HOSPITALIZATIONS

Has your child been hospitalized within the last year? Yes No

If yes, please explain why:

STATEMENT OF AUTHORIZATION

In the event of a medical urgency, I authorize The Tree House staff to take any action it deems necessary and appropriate, including administering first aid, CPR, and/or calling emergency personnel to care for and/or transport my child to a medical facility.

Parent/Guardian Signature

Date

