



Treetop Village Child Registration Form

For Office Use Only:

Date Received: _____
Start Date: _____
Last Date of Enrollment: _____

Child's Name:		DOB: / /		Gender: M F	
Child's Nick Name (s)					
Child's Home Address					
City		State		Zip	
Child Primarily Lives with:					
Mother's Name:			Email Address:		
Mother's Home Address:					
City		State		Zip	
Day Phone		Provider	Cell Phone		Provider
Employer					
Father's Name:			Email Address:		
Day Phone		Provider	Cell Phone		Provider
Father's Home Address					
City		State		Zip	
Employer					

People Authorized to pick up your child.

Must be 18 years old and have all information filled out. Parent must inform office if someone other than a parent is picking up child.

1st Emergency Contact	
Name:	Relationship:
Phone Number(s):	
Street Address :	
City, State, Zip:	
2nd Emergency Contact	
Name:	Relationship:
Phone Number(s):	
Street Address :	
City, State, Zip:	
Out of Area Contact in Case of Emergency (100+ miles away)	
Name	Relationship
Phone Number(s):	
Street Address	
City, State, Zip:	

Child's Schedule & Attendance

Start Date Enrollment: _____

Start Age: _____

Days Attending :	Monday	Tuesday	Wednesday	Thursday	Friday
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Approx Times: Drop Off	Approx Times: Pick Up:
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Special Notes: _____

Initials: _____ Here at Treetop Village, we have an attendance policy. We require children to be here every day unless pre-arranged absences have been approved. If your child has three absences without notice, your care can be terminated immediately.

Initials: _____ We also require all children to be here by 9:00 AM so that they can be involved in the daily curriculum and allow for successful learning and development while in our center.

Treetop Village Photo Release Form

As the parent of a child/children at Treetop Village Early Learning Center, I agree to the following:

- I understand that my child may be photographed at Treetop Village Early Learning Center during normal daycare hours or activities.
- I understand that these photographs may be used in the classroom, our school newsletters or displayed on our TreetopVillageKids.com website, Facebook, or any other publication.
- I give permission for my child(ren)'s photographs to be mounted on Treetop Village Early Learning Center website, Facebook, newsletters, or any other publication.
(When names are added, only first names will be used.)
- I understand that I have the right to request, in writing, to have a photo removed from the website or Facebook within 30 workdays.

- Yes, I confirm that I have read and understood the above, and agree to have my child's _photos mounted on the Treetop Village website, Facebook page, newsletters or any other publication.
- No, I do not wish to have my child(ren)'s photographs published.

Name (please print) _____ **Signature:** _____

Parent Policies, Pesticide Policies & Emergency Disaster Policies

I am aware of the parent policies, pesticide policies and disaster plan for Treetop Village Early Learning Center and I have reviewed these items upon enrolling my child electronically or in hand.

By signing below, I understand and agree that I have reviewed a copy of our parent policies and disaster procedures.

Name _____ Date _____
(Parent/Guardian Signature)

Tuition and Financial Terms

Account Type

Private Pay

Please circle if: Military School District Employee Health Care Worker

DCYF Working Connections Subsidy

Military with CCA Subsidy

Other _____

Starting Tuition Rate:

Starting Copay:

1. As the parent or guardian of my child, I agree to pay current tuition rates of Treetop Village or my Working Connections Copayment. The rate includes care all meals and materials for care. I understand that tuition is due by the 1st of every month. I also understand that a \$5.00 late charge will be added to my account for every day there is a balance remaining past the 5th of that month date.
2. Past due accounts that are sent to collections will bear interest in the amount of 15% per annum. I agree to pay all reasonable collection expenses, interest on the unpaid balance from the date not paid, and/or reasonable attorney fees and court costs.
3. Treetop Village is not responsible for unpaid balances by parent or guardian disputes. We are not responsible for the division of tuition if families have more than one payer.
4. Tuition rates are not subject to pro-ration due to emergency closures (weather, police activity), pandemic closures, absences or illnesses. Tuition is due no matter if child is absent, on vacation, ill or school is closed due to emergencies such as pandemic, weather, safety conditions, police activity.
5. We have the right to terminate child care at any time if we feel that the family is not a good fit with our program, the child exhibits behavior that presents a serious safety concern for that child, a child presents health hazards or we as the program is not able to reduce or eliminate the safety concern through reasonable modifications.
6. I understand that a written two-week notice must be given to the Director in order to withdraw my child. If a two-week notice is not received, a two-week tuition charge will be incurred from the last day of attendance.
7. In the event that I pick up my child late (after 6:00pm regularly or 4:00 pm during our once a quarter early closure), I will be charged a \$2 fee per minute late. I also understand that if my child is left for more than 30 minutes past closing, Treetop Village will be contact with the local CPS or Police departments.
8. Only one discount is available per family. Discounts do not apply on subsidy accounts.
9. After 6 months of enrollment, parents earn one week of vacation equivalent to their enrollment. Every anniversary date there-after, families can earn another vacation equivalent to their enrollment. If vacation is not used, it cannot roll over to next vacation period.
10. If I receive subsidy from Working Connections or CCA, **Standard Tuition Rates** for any time period ***not covered*** and/or contracted by the subsidy provider. It is my responsibility to have authorization at ALL TIMES for my child to attend.

Acknowledgment

I have read, understood, and agree to abide by the financial terms stated above. This agreement is effective with the date provided below.

Parent/Guardian 1 Signature

Date

Parent/Guardian 2 Signature

Date

Child's Medical Information

Below information is required by licensing. Please update office when child receives a new physical exam, receives immunizations or has dental appointment so we can update information as required by licensing.

Physician Name/Clinic _____

Physician's Phone _____

Physician Address _____

Last Physical Exam: ____/____/____

Dentist Name/Clinic _____

Dentist's Phone _____

Dentist Address _____

Last Dental Exam: ____/____/____

Permission for Emergency Medical Treatment

I, _____, the parent or guardian hereby give permission that my child, may be given emergency treatment to include First Aid/CPR by a qualified staff member at Treetop Village Campus and Infant Center. I also give permission for my child to be transported by ambulance, treated by aid car personnel, and/or transported to an emergency center/hospital for treatment. In the event that I cannot be contacted, I further authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed on my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Signed _____ Date _____

Desired Hospital _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Allergies _____

Intolerances _____

Current Medications _____

Will your Child Need Medications given while in care at Treetop Village: Yes or No

- If yes, please fill out Medication Authorization Form with Medication, Original Box and Instructions. Give all to Front Office before start date.
- If child is prescribed medication during school year, we are REQUIRED to receive a doctor note and doctor signed medication authorization form for Treetop Village to administer any prescribed medications onsite. Forms are available at the office. Initials: _____

Please initial next to the below items that you give Treetop Village authorization to administer to child while at school when needed or requested during the school year:

Sunscreen _____ Lip Balm _____ Diaper Cream _____

Lotion _____ Hand Sanitizer (24+ mths) _____

Tooth Brushing will be done onsite daily in the classrooms to promote healthy oral health. Tooth brushes and paste will be provided to the children by Treetop Village. If you would like to opt-out of your child toothbrushing, please let your director know in writing. Initials: _____

Has your child been diagnosed with any medical conditions? Please explain:

Is your child seeing a speech therapist, physical therapist or nutritionist? If yes, please explain:

Does your child see any special doctors (i.e., cardiologist, neurologist or optometrist)? If yes, please explain:

Birth Marks/Mongolian Spots:

Please check any of the following items your child has experienced:

<input type="checkbox"/> Allergies	<input type="checkbox"/> Febrile Seizures	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Asthma/Wheezing	<input type="checkbox"/> Fevers	<input type="checkbox"/> Polio
<input type="checkbox"/> Blocked tear duct	<input type="checkbox"/> German measles	<input type="checkbox"/> Roseola
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Hand, Foot & Mouth Disease	<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Sinus infections	<input type="checkbox"/> Colds
<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Skin Rashes	<input type="checkbox"/> Colic
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Strep Throat	<input type="checkbox"/> Constipation
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Thrush	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Kidney Infections	<input type="checkbox"/> Urinary Tract Infection	<input type="checkbox"/> Lazy Eye
<input type="checkbox"/> Diaper Rash	<input type="checkbox"/> Diarrhea	
<input type="checkbox"/> Measles	<input type="checkbox"/> Vision Impairment	<input type="checkbox"/> Ear Infections
<input type="checkbox"/> Meningitis	<input type="checkbox"/> Vomiting	
<input type="checkbox"/> Eczema	<input type="checkbox"/> Mumps	<input type="checkbox"/> Whooping cough
<input type="checkbox"/> Eye Infections	<input type="checkbox"/> Oral Herpes	<input type="checkbox"/> Yeast Infection

Please provide any pertinent information about items checked:

Do you have any health, behavior or developmental concerns?: (Hyperactivity, delays, etc)

Does your child have any specific needs?: _____

Child and Family Information

What are your child's strengths? What does your child love to do?

What are your family strengths? What does your family love to do?

Has your child/family endured any trauma or big changes in recent months or years? Yes No

(Divorce, death in family, homelessness, recent move etc) Please Explain:

Has your child been in childcare before Yes No if so where? _____

Has your child been terminated from other childcare facilities? Yes No

If so, why? _____

Please share how their experience was at their previous child care center(s):

Do you have concerns with your child starting care at Treetop Village that we should be aware of?

Family Reminders:

- Please label all child belongings before bringing them to school. We are NOT responsible for lost items, clothing, toys, etc.
- No outside food can be brought in due to allergies.
- No outside toys are allowed in center.
- If bringing diaper bag to school, please make sure only school related items are in bag. Outside food, medications, etc are prohibited in classrooms for safety purposes.
- If child was sent home for being sick, please note they cannot come back until symptom free at minimum 48 hours later. Example, if child sent home on Monday, child cannot return to school until Wednesday if symptom free or has doctor's note.
- ALL CHILDREN ARE REQUIRED TO BE AT SCHOOL BY 9:00 AM. Children will not be allowed to be dropped off after 9:00 AM unless prior approval by office. If child has doctor's appointment, please let our office know in advance for scheduling purposes.
- Our closing times are strictly observed. Fees for late pick up after 6:00 PM are due upon pickup (paid to the teacher required to stay overtime) and are assessed as follows: \$10.00 for the first five minutes and \$2.00 for every additional minute late PER CHILD. Failure to pay late pickup charges or frequent late pickups may result in termination of child care with Treetop Village.
- Children are not allowed to be in child care longer than 10 hours per day. We do charge a \$10 daily fee for children who are in care for longer than 10 hours to help cover staffing.
- ALL CHILDREN ARE REQUIRED TO HAVE ALL REQUIRED VACCINATIONS TO ATTEND TTV!