



Application for Admission

Date: _____

Child's Legal Name: _____ Nick Name: _____

Address: _____ City: _____

State and Zip: _____ Phone: _____

Email Address: _____

Sex: _____ Birth Date: _____ Age: _____

Has your child ever been enrolled in a child care program? _____ If so, was is a positive experience? _____

If not, Why? _____

Mother's Name: _____ Marital Status: _____

Address: _____ City: _____

State and Zip: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Employer Name and Dept.: _____

Work Hours: _____

Father's Name: _____ Marital Status: _____

Address: _____ City: _____

State and Zip: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Employer Name and Dept.: _____

Work Hours: _____

Transportation Plan:

To ensure the safety of your child, please list other adults to whom your child may be released to or who are authorized to provide transportation for your child. Please include phone number.

Emergency Information:

Name of person and phone number authorized to act for parent in an emergency _____

Address _____ Home phone _____

Employment _____ Work phone _____

Name of Physician _____ Office phone _____

Address _____

Background Information:

<u>Other children in family:</u>	<u>Age</u>	<u>School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Completion of the application process does not guarantee enrollment. You will be notified by the Director of your placement in the center or placement on the waiting list. Enrollment is not confirmed until all required information such as child profile, medical forms, and any state required forms are completed and returned.

Parent Agreement with Center:

I agree to inform Tree of Knowledge Learning Center, Inc. of a two week notice before withdrawing the child from the Center, or

I will be responsible for fees incurred. Parent/Guardian signature and date: _____

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FOR OFFICE USE ONLY  
DATE OF ACCEPTANCE: \_\_\_\_\_  
WAITING LIST NUMBER: \_\_\_\_\_  
APPLICATION FEE PAID: \_\_\_\_\_