

Treehouse Academy, Inc.

2740 Five Forks Trickum Road Lawrenceville, GA 30044 770-985-5438 www.treehouseacademy.net



- Do not leave any blank lines anywhere in this application packet.** All lines must be filled out. *If something does not apply to you, please put an N/A on the line.*
- Signatures:** Please make sure you have signed and dated each required signature line.

2016 Enrollment Application & Emergency Medical Information Update

(Do not leave any field blank, put N/A if it is not applicable)		CHILD		(All addresses must be complete!)	
Full Name	Nick Name	Date of Enrollment	Withdrawal Date		
Child's Address (Street, City, State, & Zip)	Home Phone #	Sex	Age	Date of Birth-Mo, Day, Yr	
MOTHER		FATHER			
Name	Name				
Street Apt	Street Apt				
City State Zip	City State Zip				
Home Phone Cell	Home Phone Cell				
Email	Email				
Employment Name & Full Address	Employment Name & Full Address				
Work Phone Work Hours	Work Phone Work Hours				

Additional Pickup Authorizations: In addition to the parents and emergency contacts above, the following may pick up & drop off this child are also authorized to drop off and pick up this child. **List at least one.** (Do not list parents again).

Name	Address (Street, City, State, & Zip)	Phone	Relationship to Child	Add'l Info

Emergency Contacts (other than parents-*list at least one, may be the same as Additional Pickup Auth. person*)

Name	Phone

I was referred to Treehouse Academy by: _____

- Child's Legal Guardians: Both Parents Mother Father Other
 Child's Living Arrangements: Both Parents Mother Father Other
 Parent's Marital Status: Married Single Separated Divorced Widowed

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Child's Doctor _____ Phone _____

Child's Allergies, special medical conditions (i.e) diabetic, asthmatic, drug allergies, special needs, special accommodations, special nutritional issues (Vegetarian or Religion based), or medications prescribed for long-term continuous use and/or has the following pre-existing illness, or health concerns:

I authorize Treehouse Academy to obtain any and all medical treatment to be performed as deemed necessary by Treehouse Academy staff, licensed medical personnel, including emergency personnel, ambulance personnel and doctors and nurses. I further agree to be fully responsible for all medical expenses incurred and to hold harmless and release Treehouse Academy, Inc. from all liability.

Parent/Guardian Signature X _____ Date _____

This is to certify that I have read the transportation procedures and give permission for Treehouse Academy to transport my child for the following: () Emergency Only
() To and From _____ School

Parent/Guardian Signature X _____ Date _____

Emergency Medical Authorization

Should (Child's Name) _____, (DOB) _____ suffer an injury or illness while in the care of Treehouse Academy and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) shall assume responsibility for payment for services. I agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached.

Parent/Guardian Signature X _____ Date _____

Day Time Telephone # _____

Signed: _____ Date: _____

(Facility Administrator/Person-In-Charge)

PARENT HANDBOOK ACKNOWLEDGMENT FORM

The parent handbook describes important information about Treehouse Academy, and I understand that I should consult Tina Hornsby or Penny Holt with any questions not answered in the handbook.

I have received the handbook, and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

Child's Name (printed): _____ Parent/Guardian's Name (printed): _____

Parent/Guardian Signature X _____ Date _____

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Parental Agreements with Child Care Facility

Treehouse Academy agrees to provide day care for _____
(Name of Child)

on _____ from _____ a.m. to _____ p.m.
(days of week) (times they will attend Treehouse Academy)

from _____ to _____
(month) (month)

My child will participate in the following meal plan (circle applicable meals and snack):

Breakfast
Lunch
Afternoon Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number, if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

Treehouse Academy agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for Treehouse Academy.

Parent/Guardian Signature X _____ Date _____

Signed: _____ Date: _____
(Facility Administrator/Person-In-Charge)

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Child's Name: _____

Parent's Initials: _____

1. I agree to pay the weekly tuition fee of \$_____ which is payable each Friday for the upcoming week. ***Late fees are applicable if not paid by Monday for the current week with additional late fees applied on Tuesday if still not paid.***
2. I understand that there is a non-refundable \$75.00 (single child) and \$100.00(family) enrollment fee due upon enrollment. ***The annual \$75.00 (single child) and \$100.00 (family) registration fee is due every January 1st and is non-refundable.***
3. I understand that if my child(ren) is present for one day of the week, full tuition is due. ***If my child(ren) is absent all week, 1/2 of the tuition is due. (maximum of 2 weeks per calendar year).***
4. I understand that I must give two weeks written notice to the Director prior to the withdrawal of my child. ***If no notice is given, I will be held liable for two weeks of FULL tuition.***
5. For children who attend public school or Pre-K, there is an additional charge of \$17.00 when school is out all day, and \$10.00 on early release days. If my child attends the center on these days, I understand that I must pay the cost.
6. I understand that it is my responsibility to escort my child into the center and to the classroom and insure the teacher is aware of the child's arrival or departure. I also understand that it is my responsibility to assure my child/children remain with me **at all times** from the time I arrive at Treehouse Academy and drop him/her off in their classroom and in the evening, from the time I pick my child up from their classroom until I have them safely in my vehicle.
7. If my child needs diapers, I will provide whatever disposable diapers are required. Two year olds and up are required to wear pull-ups.
8. My child has ___ has not ___ been potty trained.
9. A clean change of clothes for any child up through the Pre-K program must be in the classroom at all times. These clothes must have the child's name on each item.
10. I have received a copy of the Parent Handbook. I have read and understand it.
11. Children at the center may be photographed by Treehouse Academy as well as other parents and are visible to other parents via secured internet monitoring. Photographs may also be posted within the center and in our photo gallery on our website @ treehouseacademy.net. I give my permission for my child to be photographed or videotaped while in attendance at the center and during any field trip activities.
12. I understand that the center has a specific policy regarding the administration of medicine. I agree to provide the center with all required information in accordance with this policy. Medicines are administered only as prescribed by a licensed physician.
13. I understand that if my child is ill, including but not limited to a severe cough, undetermined rash or spots, temperature over 101 degrees, severe headaches, upset stomach, pink eye or diarrhea, he or she cannot be accepted into the center until well. In the event my child has a contagious disease, a release form from a medical source may be required before my child reenters the center.
14. If I have not picked up my child by 7pm, and all attempts to contact the parents and other emergency and pickup contacts, Treehouse Academy will contact DFAC's and the Gwinnett County Police.
15. I understand that it is my responsibility to keep the center advised on changes of address, phone numbers, and contacts.
16. I will provide a current Georgia Immunization Form 3231 prior to enrollment and will update as required.
17. I give permission for the child listed on this application to participate in field trips sponsored by this center. I understand I will need to sign a permission slip for each field trip. (Older children only)
18. If my child is part of the after school program, I must notify the school no later than 1:30 pm if he/she will not be riding the bus for that day. Failure to notify us will result in delays as we attempt to locate your child and will result in a \$15.00 fee.

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- 19. I understand that all persons who are allowed to drop off and pick up my child(ren) must provide a copy of their driver's license to be photo copied for security and identification purposes.
- 20. I understand that if my child does not adjust to the program set at Treehouse Academy, they have the right to withdraw him/her from the center.
- 21. I agree to allow my child to watch an occasional rated PG movie approved by Treehouse Academy's director/owner.
- 22. I give Treehouse Academy permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container: Baby Wipes, Band-aids, Neosporin or similar ointment, Bactine or similar first aid spray, Sunscreen, Insect Repellent, Non-Prescription ointment (such as A&D, Desitin, Vaseline), Baby Powder.
- 23. If my child turns 3 years old during the school year, he/she can remain with a 2 year old class for the remainder of the school year. When school is out in the spring, these 3 year old children will be moved to the 3 year old classroom. I agree for my 3 year old to be grouped with 2 year olds (only) by evidence of my signature below. I understand the following rules must be maintained by the center for this situation to be approved. (1.) A mixed-age (20%) ratio will apply anytime a two year old is present in the classroom. (2.) Ratios cannot be doubled during daytime scheduled rest or sleeping periods anytime a two year old is present. (3.) Only children two and three years of age will be grouped together. Children four years of age and older will be grouped separately. Treehouse Academy agrees that these rules are being met and will be maintained at all times

I have read all of the above policies and understand any changes to information submitted can only be made by the parent that signed below.

Child's Name: _____ Parent's Printed Name: _____

Parent/Guardian Signature X _____ Date _____

Signed: _____ Date: _____
(Facility Administrator/Person-In-Charge)

INFANT AFFIDAVIT (FOR INFANTS UNDER 1 YEAR OF AGE)

According to USDA regulations, as an institution participating in the Child and Adult Care Food Program we must offer to provide meals to all infants (under 12 months of age), enrolled for care at Treehouse Academy.

We will provide Similac Ready-To-Use Milk based iron-fortified formula and Parent Choice Iron Fortified Infant Cereal to infants (under 12 months of age) enrolled for care at Treehouse Academy.

Parent/Guardians please check one of the following options and sign this form:

___ I would like the center to provide the milk-based iron-fortified infant formula and iron-fortified infant cereal listed above to my infant and I will provide clean, sanitized, and clearly labeled bottles (with the child's full name and date) daily.

___ I will provide _____ formula and _____ for my infant on a daily basis with
(Milk-Based Iron-Fortified Formula) (Iron-Fortified Infant Cereal)
clearly labeled bottles (with the child's full name and date).

Parent/Guardian Signature X _____ Date _____

*Any parent requesting any formula other than an USDA approved milk-based or soy-based iron-fortified formula be provided to their infant or any parent who provides any formula other than a USDA approved milk-based or soy-based iron-fortified formula for their infant must provide a doctor's note indicating the required use of the formula. If a parent elects to have the center supply meals to their infant, the infant will be fed according to its individual feeding plan that is provided by the parent or guardian although the center may only claim reimbursement for no more than breakfast, lunch and a snack.

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IMPORTANT!!

Do not leave any blank lines anywhere in this form. If something does not apply to you or your child, please put a N/A on the line. Please put as many phone numbers on this form as possible. This form is used in the event of a facility emergency and we have to evacuate. We must be able to get a hold of you.

Emergency Vehicle Medical Information

Child's Name: _____ **Date of Birth:** _____

Address: _____

Father's Name: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____

Mother's Name: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____

Person to notify in an emergency if parents cannot be reached:

Name: _____ **Phone:** _____

Cell: _____

Child's Doctor: _____ **Phone:** _____

Medical Facility the center uses: Gwinnett Medical Center

Medical Facility Address: 1000 Medical Center Blvd. Lawrenceville GA. 30044

Child's Allergies: _____

Current Prescribed Medication: _____

Child's special needs and conditions: _____

In the event of an emergency involving my child, and if Treehouse Academy cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Parent/Guardian Signature X _____ **Date** _____

Signed: _____ **Date:** _____
(Facility Administrator/Person-In-Charge)