



Westminster Learning Tree

Preschool, Infants & AfterCare



***Every line must be completed FULLY to be in compliance with MO State licensing regulations and for this form to be accepted. "N/A" is an acceptable response.**

Desired Enrollment Date: _____

Child's Information: Name: _____ Gender: _____ Birth Date: _____
Address: _____ City: _____ Zip: _____

Days Requested... Check ALL applicable to you desired schedule.

Early Care: 7-9am... Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Preschool: 9am-2pm... Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

AfterCare: 2-530pm... Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Can you be flexible with your schedule needs? Please explain.

Contact Information: Parent/Guardian I: _____ Cell Phone: _____

Email: _____ Address, City, Zip: _____

Employer/School: _____ Hours: _____

Employer Address, City, Zip: _____ Work Phone: _____

Contact Information: Parent/Guardian I: _____ Cell Phone: _____

Email: _____ Address, City, Zip: _____

Employer/School: _____ Hours: _____

Employer Address, City, Zip: _____ Work Phone: _____

Emergency Contact/Authorized to Pick Up Child: **One is REQUIRED- NOT parent or doctor. Must be complete to be added*

Name: _____ Relationship to Child: _____ Cell Phone: _____

Address, City, Zip: _____ Work Phone: _____

Name: _____ Relationship to Child: _____ Cell Phone: _____

Address, City, Zip: _____ Work Phone: _____

Name: _____ Relationship to Child: _____ Cell Phone: _____

Address, City, Zip: _____ Work Phone: _____

Name: _____ Relationship to Child: _____ Cell Phone: _____

Address, City, Zip: _____ Work Phone: _____

Name: _____ Relationship to Child: _____ Cell Phone: _____

Address, City, Zip: _____ Work Phone: _____

Name: _____ Relationship to Child: _____ Cell Phone: _____

Address, City, Zip: _____ Work Phone: _____

Authorization for Medical Care

I understand that I will be notified in case of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements OR in a critical emergency requiring medical care, I hereby authorize **Westminster Learning Tree** to contact the following. I also understand that care may be medically necessary prior to me being contacted, and that I will be contacted as soon as possible.

Doctor's Name: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Comments on Child's Development: *Personal development, behavior patterns, habits, individual needs, etc.*

Agreements: *Each point must be initialed in the corresponding box by enrolling parent/guardian.*

1. The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, and individual needs.
2. When my child is ill, I understand and agree that they may not be accepted for care, or be allowed to remain in care. (24 hrs fever free w/o meds to return– 48 hrs for pink eye.)
3. I understand that a current immunization record, or exemption, must be on file PRIOR to my child's first day of attendance.
4. I have been informed that I may request notice at any time if there are children enrolled with immunization exemptions on file.
5. I have received a copy of WLT's policies pertaining to the admission, care, and discharge of children (Parent Handbook).
6. I have been informed and have received a copy of the Safe Sleep policy if my enrolling child is under one year of age.
7. I have been informed that a copy of the Licensing Rules for child care centers is available at this facility for review.
8. I understand that Early and After Care are enrolled as separate classes with separate monthly tuition and limited space availability.
9. If a scheduling conflict arises, children enrolled in Daily/Preschool Classes AND After Care will be placed first for consistency of care.
10. I understand that my child will be relocated in case of emergency evacuation, and that I received a list of planned locations within walking distance.
12. I understand it is my responsibility to keep WLT informed and up to date on any phone number or address changes.
13. I also understand that it is my responsibility to keep WLT informed and up to date on any doctor or hospital changes... and emergency contact changes.
14. I understand that daily activities and events take place on Westminster property and DO give permission for my child to participate. (Nature walks, for example.)

Parent/Guardian Signature: _____

How did you hear about us? _____ Date: _____