



# 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...**

Preschool: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

AfterCare: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

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

Contact Information:

Parent 1 / Guardian 1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer/School: \_\_\_\_\_ Hours: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Parent 2 / Guardian 2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer/School: \_\_\_\_\_ Hours: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Emergency Contact/Authorized to Pick Up Child: *\*Full contact information is REQUIRED- Other than Parent or Doctor.*

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Additional Authorized Person(s) Allowed to Pick Up Child: *\*Please add Relationship to Child next to each name if space allows.*

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Authorization for Medical Care**

I understand that I will be notified at once 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...

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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**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 agreed that they may not be accepted for care be allowed to remain in care.
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 AfterCare is enrolled as a separate class with separate monthly tuition and limited space availability.
9. If a scheduling conflict arises, children enrolled in Daily Classes AND AfterCare 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.
14. I understand that daily activities and events take place on Westminster property and give permission for my child to participate. (Nature walks, for example)

**Parent/Guardian Signature:** \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_ **Date:** \_\_\_\_\_