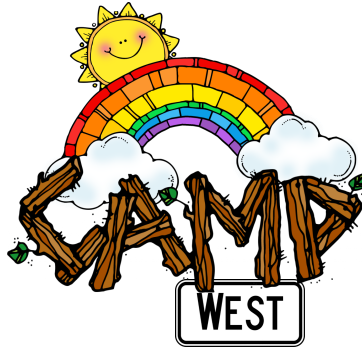


ENROLLMENT PACKET



An affordable, fun filled summer program for children ages 6 weeks to 12 years old.

We have a GREAT summer planned!

JUNE : June 5 to June 30

This month we will learn about RAINBOWS AND BUBBLES! Did you know you can eat a rainbow? Make your own bubble solution? What can you do with bubbles *and* color? What is your favorite color? The possibilities are endless!!

JULY : July 10 to August 4

We will devote this month to learning about BOOKS, AUTHORS, AND ILLUSTRATORS! What makes a good story? What is an author? What is an illustrator? What is your favorite story and why?

Meals are provided EVERYDAY with a full snack in AfterCare!

Complete the attached enrollment form and turn it in with your child's registration fee ASAP to secure your child's space!

Regular Tuition Rates (paid monthly & Based on attendance)	5 Days Per week	3 Days Per week	2 Days Per week
Infant-Toddler **6 Weeks to 24 months	\$525	\$455	\$425
Preschool / School Age **2 Years to 12 years	\$475	\$415	\$385
<i>Registration Fee (Non-Refundable) Preschool * Infant-Toddler/ School-Age Kids Last 2 weeks</i>	\$50	\$30	

AfterCare Tuition Rates (paid monthly & Based on attendance)	5 Days Per week	3 Days Per week	2 Days Per week
Infant-Toddler **6 Weeks to 24 months	\$380	\$330	\$310
Preschool / School Age **2 Years to 12 years	\$350	\$300	\$275
<i>Registration Fee (Non-Refundable) Preschool * Infant-Toddler/ School-Age Kids Last 2 weeks</i>	\$30	\$20	

*See also Tuition Payment Policy. There will be a 10% discount on enrolled siblings regular tuition rates.



2023 SUMMER CALENDAR



Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

May 21	22	23	24	25 Last day of WLT & SPS	26 Closed	27
28	29 Closed Memorial Day	30 Closed	31 Closed	June 1 Closed	2 Closed	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	July 1
2	3 Closed	4 Closed Happy 4th of July!	5 Closed	6 Closed	7 Closed	8
9	10 First day of July Session	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	August 1	2	3	4 Last day of July Session	5
6	7 Closed	8 Closed	9 Closed	10 Closed	11 Closed	12
13	14 Closed	15 Closed	16 Closed	17 Closed	18 Closed	19
20	21 Closed	22 FIRST DAY OF FALL CLASSES!	23	24	25	26

Westminster Learning Tree

Preschool, Infants & AfterCare

Enrollment
Date:



**Every line must be completed FULLY to be in compliance with MO State licensing regulations. N/A is an acceptable response.*

Child's Information:

Name: _____ Gender: _____ Birth Date: _____

Address, City, Zip Code: _____

Days Requested JUNE~ Daily Class: <M> <T> <W> <Th> <F> AfterCare: <M> <T> <W> <Th> <F>

**Circle all that apply! JULY~ Daily Class: <M> <T> <W> <Th> <F> AfterCare: <M> <T> <W> <Th> <F>

Contact Information:

Parent/Guardian Name: _____

Home Address, City, Zip Code: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Email: _____

Employer/School Attending: _____ Hours of Employment/School: _____

Employer's Address, City, Zip Code: _____

Parent/Guardian Name: _____

Home Address, City, Zip Code: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Email: _____

Employer/School Attending: _____ Hours of Employment/School: _____

Employer's Address, City, Zip Code: _____

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

Name: _____ Relationship to Child: _____

Address, City, Zip Code: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Additional Authorized Person(s) Allowed to Pick Up Child: *You may list additional contacts on back.*

1. _____ 2. _____ 3. _____

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

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: _____

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

1. I have been informed that this center does not participate in the Child and Adult Care Food Program.
2. The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, etc.
3. When my child is ill, it is understood and agreed that he/she may not be accepted into or allowed to remain in care.
4. I understand that a current immunization record must be on file PRIOR to my child's first day of attendance.
5. I have been informed that I may request notice at any time if there are children with immunization exemptions on file.
6. I have received a copy of the policies pertaining to the admission, care, safe sleep practices, and discharge of children.
7. I have been informed and have received a copy of the Safe Sleep policy since my enrolling child in under 1 year of age.
8. I have been informed that a copy of the Licensing Rules for child care in Missouri is available at this facility for review.
9. I understand that AfterCare is enrolled as a separate class with separate monthly tuition and limited space.
10. If a scheduling conflict arises, children enrolled in Daily Classes AND AfterCare will be placed first for consistency of care.
11. I understand that my child will be relocated in case of emergency evacuation, and that I received a list of planned locations.
11. I understand it is my responsibility to keep WLT informed and up to date on any phone number or address changes.
12. I also understand that it is my responsibility to keep WLT informed and up to date on any doctor/hospital changes.

Parent/Guardian Signature: _____ Date: _____

How did you hear about us? _____