

Westminster Learning Tree

Preschool & AfterCare



**To be in compliance with Missouri Licensing Regulations, ALL blanks must be completed ... Thank you!*

Enrollment Date: _____

Child's Information:

Name: _____ Sex: _____ Birth Date: _____
Address, City, Zip Code: _____

Days Requested (CIRCLE ALL that apply): See SECOND page FOR JULY, FALL, AND AFTERCARE CHOICES

Contact Information:

Mother's or Guardian's Name: _____
Home Address, City, Zip Code: _____
Home Phone: _____ Cell Phone: _____ Business Phone: _____
Employer/School Attending: _____ Hours of Employment/School: _____
Employer's Address, City, Zip Code: _____
Father's or Guardian's Name: _____
Home Address, City, Zip Code: _____
Home Phone: _____ Cell Phone: _____ Business Phone: _____
Employer/School Attending: _____ Hours of Employment/School: _____
Employer's Address, City, Zip Code: _____
Family Email: _____

Emergency Contact/Authorized to Pick Up Child: **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 **Parents' Day Out & Preschool at Westminster** to act on my child's behalf.

Doctor's Name: _____ Phone: _____
Address, City, Zip Code: _____
Preferred Hospital: _____ Phone: _____
Address, City, Zip Code: _____

Agreements: *Each point must be initialed by enrolling parent/guardian.*

Initials:

1. The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, etc.
2. When my child is ill, it is understood and agreed that he/she may not be accepted into or allowed to remain in care.
3. I have received a copy of the policies pertaining to the admission, care, safe sleep practices, and discharge of children.
4. I have been informed that a copy of the Licensing Rules for child care in Missouri is available at this facility for review.
5. I understand that a current immunization record must be on file PRIOR to my child's first day of attendance.
6. I have been informed that I may request notice at any time if there are children with immunization exemptions on file.
7. I understand that my child will be relocated in case of emergency evacuation, and that I received a list of such locations (walking).
8. I have been informed and have received a copy of the Safe Sleep policy since my enrolling child in under 1 year of age.

Parent or Legal Guardian Signature: _____ **Date:** _____

How did you hear about us? _____

Westminster Learning Tree

2020-2021 Enrollment Form



Child's Name: _____ DOB: _____

Days Requested (Circle ALL that apply):

Daily Classes: <MON> <TUES> <WED> <THURS> <FRI>

AfterCare: <MON> <TUES> <WED> <THURS> <FRI>

Agreements:

Each point must be initialed by enrolling parent/guardian.

YES, I have received and will adhere to the CDC New Normal, the New AM-PM Routine, and COVID Action Steps documentation.

I understand I am enrolling my child for the 2020-2021 school year.

I understand that AfterCare is enrolled separately from daily classes- with separate tuition.

•AfterCare is not a drop-off service. If a scheduling conflict arises, children enrolled in BOTH preschool and AC will be placed first for consistency of care. Space in AfterCare is LIMITED.

I understand it is my responsibility to keep WLT informed and up to date on any address, phone number, doctor/hospital changes, etc.

I understand that all my past completed enrollment forms remain on file in the WLT office.

Parent Signature: _____ Date: _____
(Or Legal Guardian)