

# 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

Daily Classes: <Mon> <Tues> <Wed> <Thurs> <Fri>

\*\*Circle all that apply!

AfterCare: <Mon> <Tues> <Wed> <Thurs> <Fri>

## 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? \_\_\_\_\_