



Application
Appletree Childcare & Learning Center
Childcare for Children: Six-Weeks through Preschool

Date of Application: _____

Enrollment Information

_____	_____	_____	_____
Child's First Name	Middle	Last Name	Birth Date
_____	_____	_____	_____
Requested Start Date	Child's Age	Social Security #	
<input type="checkbox"/> Monday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Part Day	Arrival Time
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Part Day	Departure Time
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Part Day	
<input type="checkbox"/> Thursday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Part Day	
<input type="checkbox"/> Friday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Part Day	

Getting to Know You!

In order to better care for your child and help with their smooth transition to Appletree, please answer the following questions as completely as possible.

Has your child been enrolled in another childcare program? If so, what programs or preschools has your child attended and for how long?

Is there any information about your family's culture, ethnicity, language or religion that is important for us to know?

Tell us about your child's favorite toys, games and foods (likes and dislikes):

Tell us about your household: Who lives in your house? Does your child have a parent that does not live in the home? If so, does your child visit this parent?

Are parents separated? Divorced? Is a parent deceased?

Are there any custody issues that we should discuss?

Are there other siblings? (List names and ages)

Does your family have any pets?

Does your child respond to any nicknames?

Does your child have any imaginary friends?

Are there any special problems or fears that we should know about?

Does your child nail bite? Thumb suck? Stutter?

Does your child have any special needs? (Include medical conditions, social or mental health)

Are there food allergies, environmental allergies or allergies to medicine?

Is your child toilet trained?

List medications that your child is taking:

How well does your child socialize?

Is there any other information about your child that you would like to share?

Is any particular aspect of the education program especially important?

Family Information:

Mother's Name _____ Soc. Sec. No. _____
Address _____ Home Phone _____
City _____ St _____ Zip _____ Cell Phone _____
Marital Status _____ Occupation _____
Work Phone _____ Work Hours _____

Father's Name _____ Soc. Sec. No. _____
Address _____ Home Phone _____
City _____ St _____ Zip _____ Cell Phone _____
Marital Status _____ Occupation _____
Work Phone _____ Work Hours _____

Who is responsible for Tuition?

Name of Person: _____ Relationship to Child: _____

In case of Emergency / Contacts (Do not list the parents' names in this section):

Name (1) _____ Relationship to Child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name (2) _____ Relationship to Child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name (3) _____ Relationship to Child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Appletree Application Form

Name (4) _____ Relationship to Child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Comments regarding emergency contacts listed above (*optional*): _____

Release of Child:

I authorize the following people to pickup my child. **Note:** the list you provide can be revised at any time upon contacting Appletree and updating your Emergency Contact / Parental Consent form. If someone we may not know arrives to pickup your child, they must show us a picture ID, and the house number/street name on that ID must match the information you provide. If not, then our policy is to not release the child and call a parent. (Do not list the parents' names in this section).

Name	House Number & Street	Phone Number(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The child will not be released to an authorized pickup person or a parent / guardian should the center staff suspect that this person might be under the influence of drugs or alcohol. The authorized pickup person, parent / guardian must also provide the child with a proper seat restraint appropriate for his/her age & weight.

Name of Child's Physician / Medical Care Provider

Doctor's Name: _____ Phone Number: _____

Doctor's Address: _____

Health Insurance Provider or Medical Assistance Benefits: _____

Policy Number (Required): _____

Signature Page:

The information on this application may be modified at any time, and the parent/guardian is responsible for notifying Appletree of any and all changes, including phone numbers, emergency contacts and child pickup authorizations. A copy of the **Parent Handbook** is available upon request from the Appletree office, or can be downloaded from our website, and this handbook provides more detailed information about our policies and procedures. Some policies are subject to change, and parents/guardians agree to our terms and conditions.

One parent or guardian signature is required below.

Parent / Guardian Signature _____ Date _____

Print Name _____

Appletree Authorized Signature _____

Form Revised 12.27.2009