



The Little Tree Play School

7275 Santa Teresa Blvd.

San Jose, CA 95139

408.972-9200x2

Enrollment Packet 2011-2012

Child's Full Name _____

Male _____ Female _____ Nickname _____ Birth Date _____ Enroll Date: _____

Address _____

Home Phone _____ Place of Birth: _____

Parent or Guardian's Name _____

Occupation _____ Business Address _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Parent or Guardian's Name _____

Occupation _____ Business Address _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Please list siblings and/or other family members living with child:

In case of an emergency or delay, the following are authorized to pick up my child:

1. Name _____

Address _____

Home Phone _____ Cell Phone _____

2. Name _____

Address _____

Home Phone _____ Cell Phone _____

INSURANCE AND HEALTH HISTORY

Medical Insurance Company _____ Phone _____

Policy Number _____

Special Medical Conditions—Allergies, chronic illness, etc.

PHYSICIAN OR DENTIST TO BE CALLED IN EMERGENCY

Physician's Name _____

Address _____ Phone
Number _____

Dentist's
Name _____

Address _____ Phone
Number _____

LIABILITY RELEASE

Every activity sponsored by The Little Tree Play School is carefully planned and supervised. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, I, parent or legal guardian of _____ agrees to assume and accept all risks and hazards inherent in program related school and social activities. I (parent or legal guardian of said minor child) also agree that I (parent or legal guardian if a said minor child) do hereby release and forever discharge and hold harmless, New Creation Lutheran Church and The Little Tree Play School and any employees, and volunteers for this program from any and all liability claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred while said child is participating in the school program activities. I (parent or legal guardian of said minor child) will assume full responsibility for any medical costs incurred in the event of an accident or other incident requiring medical treatment.

Signature of parent or legal guardian

Date

PERMISSION TO PARTICIPATE & CONSENT FOR EMERGENCY MEDICAL TREATMENT

I, the undersigned parent or guardian of _____, do hereby grant

permission for my child to participate in all activities of The Little Tree Play School program. Furthermore, I do hereby authorize the adult leader(s) in charge as agents for the undersigned to consent to any X-Ray examination, anesthetic, medical, dental or surgical diagnosis, care or treatment and hospital care which is deemed advisable by and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital or licensed dentist, as the case may be, whether such diagnosis or treatment is rendered at the office of said physician or dentist or at the said hospital, or elsewhere as circumstances may require in the discretion of the treating physician or dentist. It is understood that this authorization is given in advance of any specified diagnosis, medical or dental care and hospital care being required, but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, medical, dental or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. This authorization for treatment is given under whatever conditions are necessary to preserve the life, limb or well being of the child named above..

_____ Date _____
Signature of parent or legal guardian

PHOTOGRAPH/MEDIA RELEASE

*The Little Tree Play School may take photographs/video of the children at work and play. These photographs may be used in advertisements, flyers, brochures or in website development. Please **indicate with your initials** whether or not you would like to include your child's photo for use in any of these formats.*

_____ *YES, I give permission for The Little Tree Play School to use my child's photo as indicated above.*

_____ *NO, I do not give permission for The Little Tree Play School to use my child's photo for any of the formats indicated above.*

CLASS LIST RELEASE

*The Little Tree Play School will compile a class list of names, phone numbers and email addresses for use by families to get to know one another and develop relationships outside of the classroom. Please **indicate with your initials** below whether or not you would like to include your contact information in this class list.*

_____ *YES, I would like to include my contact information for the class list.*

_____ *NO, I would not like to have my contact information included in the class list.*

_____ *Please ONLY include the following specific contact information for the class list:*

Please help us get to know your child:

How would you best describe your child?

What are some of your child's favorite activities or toys?

Has your child been in school or a classroom/group learning setting before? What was that experience like for him/her?

What is your child's sleep schedule like? Bedtime? Naps? Any sleep issues?

What are some of your child's favorite foods?

If your child spends time in more than one home, please give us an idea about his or her schedule:

What other languages does your child speak at home?

What are some goals you have in mind for having your child attend The Little Tree Play School?

Please give us any pertinent information that you think will help us in getting to know your child and helping him or her with the transition into school life.

Tuition and Billing

Monthly Tuition for School Year 2011-2012

Breakfast Club 8:00am to 9:00am

Bunnies 2 Day \$30.00/month

Evergreens 3 Day \$45.00/month

Rainbows 5 Day \$75.00/month

Preschool Program 9:00am to 12:00pm

Bunnies 2 Day \$240.00/month

Evergreens 3 Day \$360.00/month

Rainbows 5 Day \$600.00/month

Extended Day 12:00pm to 4:00pm

Bunnies 2 Day \$260.00/month

Evergreens 3 Day \$390.00/month

Rainbows 5 Day \$650.00/month

Full Day 8:00am to 4pm(Includes Breakfast Club)

Bunnies 2 Day \$530.00/month

Evergreens 3 Day \$795.00/month

Rainbows 5 Day \$1,325.00/month

One time deposit: \$150.00

Yearly Materials Fee: \$75

*A tuition basket where payment can be left for tuition is located in the classroom near the sign in sheet. Tuition deposit, the classroom supply fee and tuition for the first month of school is due before the first day a child attends school. After that, tuition is due on the first of each month. **Please make checks payable to New Creation Lutheran Church.***

A 30 day notice shall be given to the all of our families in the event that there is a change in rates.

Change of Enrollment Status

Enrollment in the program is for one school year. In February of each school year, a letter will be sent asking parents if they would like to enroll again for the following year. If it becomes necessary for you to withdraw your child at any time, a two week notice is required. Should you need to withdraw your child before the end of the school year, tuition after the two weeks will be forgiven and there will be no refund of the deposit or classroom supply fee.

In the event that it becomes clear that The Little Tree Play School is unable to meet a child's needs, and services are terminated by The Little Tree Play School, a pro-rated refund will be given for days not attended but paid for, and the deposit will be returned.

Admission Agreement

By signing below, I do hereby acknowledge that I have read and understand and agree to the information contained in the enrollment packet and the parent handbook for The Little Tree Play School. The information I have provided in the enrollment packet is true and accurate to the best of my knowledge and any changes to any information provided will be updated by me as these changes occur. My signature also indicates that I am agreeing to enroll my child/children in The Little Tree Play School and am in support of the programs and policies set forth by the board and staff of The Little Tree Play School. I also understand that my child can begin attending school once payment has been made and all enrollment paperwork has been filled out, signed and returned to school.

Signature of parent or legal guardian

Date _____

Child's Name _____

Schedule Requested:
(Please Circle Choices)

<i>Breakfast Club (8-9)</i>	<i>2 days</i>	<i>3 days</i>	<i>5 days</i>
<i>Morning Playschool Program (9-12)</i>	<i>2 days</i>	<i>3 days</i>	<i>5 days</i>
<i>Afternoon Program (12-4)</i>	<i>2 days</i>	<i>3 days</i>	<i>5 days</i>
<i>All day Program (8-4)</i> <i>(Includes Breakfast Club)</i>	<i>2 days</i>	<i>3 days</i>	<i>5 day</i>

For Office Use Only:

Tuition Deposit
 Classroom Supply Fee
 1st Month's Tuition
 Signed Enrollment Packet/Admission Agreement
 Personal Rights
 Parents Rights
 Physician's report
 Parents' report
 Immunization Record
 Immunization Card filled out and on file

Date of Admission _____ *Date Left* _____