

Application for Admission
Please Return Completed Application and Registration Fee To:
The Giving Tree Preschool
9601 Hull Street Road
Richmond, VA 23236
(804) 276-8194

Child's Name _____ Nick Name _____

Date of Birth _____ Child's Age _____ Sex of Child _____

Address _____ City/Zip _____ Phone _____

Custodial Mother's Name _____ Home Phone _____

Home Address _____ City _____ Zip _____

Place of Employment _____ Work Phone _____

Employment Address _____ City _____ Zip _____

Custodial Father's Name _____ Home Phone _____

Home Address _____ City _____ Zip _____

Place of Employment _____ Work Phone _____

Employment Address _____ City _____ Zip _____

Person(s) or Agency Having Legal Custody _____

Previous Child Care Programs and Schools Attended _____

Other Schools or Programs Currently Attending _____

Physician's Name _____ Phone _____

Hospital preferred in case of emergency _____

Please List Below All Allergies or Intolerance to Food, Medication, etc. and Action to Take in Emergency:

Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed:

Please furnish two emergency contacts in case parents cannot be reached:

1. Name _____ Phone _____

Address _____ City _____ Zip _____

2. Name _____ Phone _____

Address _____ City _____ Zip _____

Persons Authorized to Pick Up _____

Persons Not Authorized to Pick Up (Legal Court Orders Must be Provided) _____

(over)

