

Application for Admission
Please Return Completed Application and Registration Fee To:
The Giving Tree Preschool
9601 Hull Street Road
Richmond, VA 23236
(804) 276-8184

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 _____ Ext _____

Employment Address _____ City _____ Zip _____

Custodial Father's Name _____ Home Phone _____

Home Address _____ City _____ Zip _____

Place of Employment _____ Work Phone _____ Ext _____

Person(s) or Agency Having Legal Custody _____

Previous Child Care Programs and Schools Attended _____

Other Schools or Programs Currently Attending _____

Physician's Name _____

Hospital preferred in case of emergency _____

Please List Below All Allergies or Intolerance to Food, Medication, ect., 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 Order Must be Provided) _____

Class Preference:

_____ 2- Years Olds (Tuesday and Thursday)	\$115.00 per month	<u>Note: Child must be two by Sept 30th enrollment year</u>
_____ 3- Years Olds (Tuesday and Thursday)	\$130.00 per month	<u>Note: Child must be three by Sept 30th enrollment year</u>
_____ 4- Years Olds (Monday thru Thursday)	\$150.00 per month	<u>Note: Child must be four by Sept 30th enrollment year</u>
_____ Pre K (Monday thru Thursday) (Wed. Extended 1 ½ hrs)	\$170.00 per month	<u>Note: Child must be four by Sept 30th enrollment year</u>

A \$70.00 non-refundable registration fee must accompany this enrollment agreement. The registration fee for a second child in a family is \$40.00

Does your child have any brothers or sisters? Names and ages: _____

Comments by parents that may be helpful to us in working with your child. _____

The Giving Tree Preschool agrees to notify the parent/guardian whenever the child becomes ill, and the parent/guardian) or person designated above) agrees to pick up the child thereafter as soon as possible.

_____ Date _____
Parent's or Guardian's Signature

The parent or guardian authorized The Giving Tree Preschool to obtain immediate medical care if an emergency occurs when he/she cannot be reached:

_____ Date _____
Parent's or Guardian's Signature

_____ Date _____
Program Director's Signature

Date Child Entered Program _____ Last date of Attendance _____

OFFICE USE ONLY
IDENTITY VERIFICATION

Place of Birth Birth Date Birth Certificate Number Date Issued

Other Form of Proof

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or the proof of the child's identity from a child placing agency, record from public school in Virginia, or certification by a principle or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia **and** the center assumes responsibility for the child directly from the school (i.e. before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.