

## **LEARNING TREE PRESCHOOL PARENT ORIENTATION CHECKLIST**

This parent handbook is provided to all interested and enrolling parents, which details all the program's policies and procedures. Acknowledgement of receipt of this handbook is required before, or on, the child's first day of enrollment.

Parent Handbook received on \_\_\_\_\_

- A tour of the facility
- An introduction to the teaching staff
- A parent visit with the classroom teacher
- An overview of the parent handbook
- Drop off is between **7:30 AM and 5:30 PM**. All children must be here by **9:00 AM**. If you are going to be late then please give us a courtesy call.
- It is important for children to arrive on time to have the full benefit of our program and to minimize disruptions in the classroom community. Children thrive on routines and consistency and establishing these patterns are important during their early learning years to prepare children for the transition to kindergarten.
- Parents and children have the opportunity for an extended visit in the child's classroom for a period of time to allow both to be comfortable.
- We are a Texas Rising Stars early learning program committed to providing high quality care and instruction for your child.
- If you receive childcare subsidy funds through TWC, you are required to inform the director of any elements related to your childcare service enrollment, or program eligibility that the early learning program can assist you with.
- Information on Child development and developmental milestones has been provided.
- An overview of family support resources and activities in the community in the center's parent resource area.
- In order to facilitate better communication between parents and the teacher and the parents and the child, we ask that you refrain from cell phone use while in the center.
- The children and families we serve are very important to us. Parent involvement and open communication between parent and teacher is vital to your child's success here at Learning Tree Preschool. Everything

I acknowledge that I received a tour and that I was provided the above opportunities and/or information prior to completing enrollment for my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Learning Tree Preschool ENROLLMENT FORM

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

---

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

Preferred method of contact \_\_\_\_\_ phone \_\_\_\_\_ email \_\_\_\_\_ text

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

Preferred method of contact \_\_\_\_\_ phone \_\_\_\_\_ email \_\_\_\_\_ text

---

Start Date \_\_\_\_\_

Days attending:

**Full Day: Monday – Friday 7:30AM – 5:30PM \_\_\_\_\_ \$159 per week (or \$649 per month)**

Enrollment Fee: **\$50 Payable Upon Enrollment**

**Parent Signature** \_\_\_\_\_

# EMERGENCY CARD

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_

(Circle) Mom, Dad, Other

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Other # \_\_\_\_\_

(Circle) Mom, Dad, Other

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Other # \_\_\_\_\_

IF the Parent/ Guardian cannot be reached in an emergency,  
please call

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Medical Concerns \_\_\_\_\_

Allergies \_\_\_\_\_

In case of an emergency, what is your hospital preference?

\_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Parent Signature \_\_\_\_\_

# EMERGENCY CONTACT INFORMATION

School Year \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birthday \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Who is the best person to contact during the day? \_\_\_\_\_

---

## Person(s) to call in an emergency if Parent's cannot be reached

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address: \_\_\_\_\_

## Person(s) authorized to pick up your child from preschool

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

## Doctor's Information

Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies/ Health Concerns \_\_\_\_\_

If yes, are they life threatening? \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



# Permission to Photograph

**Dear Parents/ Guardians,**

**As a way of documenting student learning and sharing all the wonderful activities and learning happening in our classroom, I take photos and videos of our learning. These photos and videos will be displayed in the classroom, on the Learning Tree Preschool website and Facebook page. Please sign and date this form giving or not giving consent for:**

**\_\_\_Yes \_\_\_ No Permission to take photos and display in the classroom, on the school website and private Facebook page**

**\_\_\_Yes \_\_\_ No Permission to take videos and display them on the school website and private Facebook page.**

---

**Parent Signature**

---

**Date**

---

**Student's First and Last Name**

# Medical Treatment Authorization Form

Minor's Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

## Medical Information

Primary Care Physician's Name: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Allergies to Foods: \_\_\_\_\_

Medical Conditions for which the child is receiving treatment:

\_\_\_\_\_

Prescription Drugs the minor is taking: \_\_\_\_\_

Other Pertinent Medical Information: \_\_\_\_\_

**AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S).** As custodian of the above listed minor. I grant my authorization and consent for \_\_\_\_\_, the designated adult to administer general first aid treatment for minor injuries or illnesses. If the injury or illness is severe, I authorize him or her to seek professional emergency personnel to attend, transport, and treat the minor and to issue consent for any medical care deemed advisable by a licensed medical professional or institution. I authorize the designated adult to exercise best judgement upon the advice of medical or emergency personnel.

Date Signed: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

# Allergy/Special Needs Information

Does your child have any allergies or dietary restrictions that we should be aware of?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes please explain:\_\_\_\_\_

\_\_\_\_\_

Please provide a completed allergy emergency plan for your child from your health care provider if the allergy is serious or life threatening.

Does your child have any medical conditions that we should be aware of?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes please explain:\_\_\_\_\_

\_\_\_\_\_

Does your child take any continuous, long-term medications that we should be aware of?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes please explain:\_\_\_\_\_

\_\_\_\_\_

Does your child have any special needs, physical restrictions, or any needs that need to be met for him or her to participate in the preschool classroom?

If yes please explain: \_\_\_\_\_

\_\_\_\_\_

Is there any other information about your child that you feel is important for us to know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

# Enrollment Checklist

- Enrollment Fee
- Statement of Health from Doctor
- Enrollment Form/ Payment Contract
- Emergency Contact Form
- Emergency Card
- Photo Release
- Immunizations
- Authorization for Emergency Medical Treatment
- Allergy/Special Needs Information
- Statement of Special Care Needs (If Applicable)
- Food Allergy Emergency Plan (If Applicable)