



## ENROLLMENT FORM

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthday \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Is this Parent allowed to pick up the child at any time? \_\_\_\_\_ Can this parent be notified in case of an Emergency? \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_  
(street) (city) (state) (zip)

Employer \_\_\_\_\_ Employer Address \_\_\_\_\_  
(street) (city) (state) (zip)

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

**Parent/Guardian:** \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Is this Parent allowed to pick up the child at any time? \_\_\_\_\_ Can this parent be notified in case of an Emergency? \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_  
(street) (city) (state) (zip)

Employer \_\_\_\_\_ Employer Address \_\_\_\_\_  
(street) (city) (state) (zip)

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

My child will attend Teaching Tree starting

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Monday		Tuesday		Wednesday		Thursday		Friday	
Arrive	Depart	Arrive	Depart	Arrive	Depart	Arrive	Depart	Arrive	Depart

~OVER~

Please list any other people living in the house and their relationship to the child.

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I authorize the following additional people to pick up my child at any time and have noted the contacts that may also be notified in case of an emergency.

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

*IF YOU NEED TO ADD ADDITIONAL CONTACTS, YOU MAY ATTACH A SIGNED SHEET WITH THIS INFORMATION.*

Name: first and last	Relationship To Child	Complete address: street, city, state, zip	Phone	Authorized Pick up	Emergency Contact	Door Code

**NO ONE, INCLUDING PARENTS, WILL BE ALLOWED TO REMOVE YOUR CHILD FROM THE CENTER UNLESS YOU GIVE PRIOR WRITTEN CONSENT.**

\_\_\_\_\_  
Signature of person responsible for payment:

\_\_\_\_\_  
Date

Teaching Tree is an Equal Opportunity Employer