

The Learning Tree
4306 Lake Avenue
Wilmington, NC 28403
910-799-8400 FAX: 910-790-0333

Application Date _____
Registration Fee _____
Enrollment Date _____

Child's Name _____
Last First Middle

Address _____
Street City State Zip Code

Birthdate _____

Family Information

Father's Name _____ Mother's Name _____
Father's Address _____ Mother's Address _____
City,State,Zip _____ City,State,Zip _____
Home Phone _____ Home Phone _____
Employed by _____ Employed by _____
Business Phone _____ Business Phone _____
Cell Phone _____ Cell Phone _____

E mail address: _____

If you cannot pick up your child, please give names of any person to whom your child can be released: _____

Emergency Care Information

Child's Doctor _____ Child's Dentist _____
Address _____ Address _____
City,State,Zip _____ City,State,Zip _____
Phone _____ Phone _____
Allergies (Be specific) _____
Hospital Preference _____

If neither father nor mother can be contacted, call: (this must be completed according to state law)

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

I agree that the operators may authorize the physician of his/her choice to provide emergency medical care in the event that neither I nor the child's physician can be contacted immediately.

Date

Parent's Signature

We, as operators, do agree to provide to an appropriate medical resource in the event of any emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. We will not administer any drug or any medication without specific instructions from the physician or the child's

parent, guardian, or full time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Date

Director's Signature

Date

Assistant Director's Signature

Field Trips

I give _____ permission to go on all field trips sponsored by The Learning Tree. A "field trip" is defined as leaving school property. This even applies to the infants who take "buggy rides" in the parking area.

Parent's Signature

Date

Permission for Sunscreen

I give permission for The Learning Tree to apply sunscreen in the afternoon. I will apply sunscreen in the morning. If my child requires a specific type of sunscreen, I will provide it.

Parent's Signature

Date