

**First Day:** \_\_\_\_\_ **Last Day:** \_\_\_\_\_  
**Hours:** \_\_\_\_\_ **Reason:** \_\_\_\_\_  
**Tuition:** \_\_\_\_\_



## Enrollment Information

Child's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Name Child is Called: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_  
Subdivison: \_\_\_\_\_

Mother's Full Name: _____	Father's Full Name: _____
Driver's License #: _____	Driver's License #: _____
Address: _____	Address: _____
Primary Ph: _____	Primary Ph: _____
Secondary Ph: _____	Secondary Ph: _____
Email: _____	Email: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
Title: _____	Title: _____
Work Hours: _____	Work Hours: _____

Other Children (List names, ages and grade in school) \_\_\_\_\_

## Authorizations

Names of individuals The Honey Tree can contact in case of emergency should both parents be unavailable.

Name: _____	Address: _____	Relationship to child: _____
Home Ph: _____	Work Ph: _____	Cell Ph: _____
Name: _____	Address: _____	Relationship to child: _____
Home Ph: _____	Work Ph: _____	Cell Ph: _____

Child's Physician: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Hospital: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby authorize The Honey Tree to take my child to the above-named physician or hospital for medical treatment in the event of an emergency in which neither parent can be reached.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which the above-named physician cannot respond.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize The Honey Tree to transport my child to or from the Center for medical attention, educational excursions or for other Center sponsored activities.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary: \_\_\_\_\_

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

## ***Child's Personal History*** (for Preschool children only)

Is your child toilet trained?  Yes  No

What does your child say when he/she wishes to use the toilet? \_\_\_\_\_

Does he/she need help while using the toilet?  Yes  No

Any special fears or problems?

\_\_\_\_\_

\_\_\_\_\_

Any child care other than parents?  Yes  No If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

Does your child have problems dealing with family members or other children?

\_\_\_\_\_

Are both parents in the home?  Yes  No Family Status: \_\_\_\_\_

Please give a brief description of your child's developmental and social growth: \_\_\_\_\_

\_\_\_\_\_

## ***Meals and/or Snack*** (brought from home)

If you choose to provide your child's meals and/or snacks from home, you understand that The Honey Tree is not responsible for its nutritional value or for meeting the child's daily food needs.

## ***Attendance Information*** (for Schoolers only)

Grade Level: \_\_\_\_\_ Transportation: one way \_\_\_\_\_ both ways \_\_\_\_\_

School Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Will child care be needed during school holidays?  Yes  No

My child has my permission to ride The Honey Tree van to and/or from (name of school): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I have read The Honey Tree's Policies and agree to its provisions.**

Director's Signature: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

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

## Developmental Information

Method of Feeding	Feeding Schedule
Breast Feeding <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(Please note feeding program in appropriate time period, i.e., breakfast, lunch, dinner, etc.)</i>
Bottle Feeding <input type="checkbox"/> Yes <input type="checkbox"/> No	7:00 _____ 1:00 _____
Solid Food <input type="checkbox"/> Yes <input type="checkbox"/> No	8:00 _____ 2:00 _____
Formula Name: _____	9:00 _____ 3:00 _____
	10:00 _____ 4:00 _____
	11:00 _____ 5:00 _____
	12:00 _____ 6:00 _____

### Daily Diet *(Specify Quantity)*

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Snacks: \_\_\_\_\_

### Rest Schedule *(Please note appropriate rest times)*

\_\_\_\_\_

### Please note vital information regarding any health problems or handicaps to which your child is subject:

\_\_\_\_\_

\_\_\_\_\_

### Please check YES or NO to the following:

Lifts head when lying on stomach.....  Yes    No

Lifts chest when lying on stomach .....  Yes    No

Sits erect if propped up .....  Yes    No

Sits unassisted .....  Yes    No

Shifts objects from hand to hand .....  Yes    No

Creeps .....  Yes    No

Stands briefly .....  Yes    No

Walks with support.....  Yes    No

Walks alone.....  Yes    No

Feeds self .....  Yes    No

Holds own bottle.....  Yes    No

Uses pacifier.....  Yes    No

Turns over.....  Yes    No

### Please note any special instructions regarding the care and feeding of your child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### I have read The Honey Tree's Policies and agree to its provisions.

Director's Signature: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

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