



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION / BUREAU OF COMMUNITY FOOD & NUTRITION ASSISTANCE
CHILD CARE ENROLLMENT FORM

FACILITY/PROVIDER NAME Treehouse Learning Center	ADMISSION DATE	DISCHARGE DATE
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CHILD'S NAME	GENDER	BIRTHDATE
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ADDRESS (STREET, CITY, STATE, ZIP CODE)

IDENTIFYING INFORMATION

MOTHER'S/GUARDIAN'S NAME	HOME TELEPHONE NUMBER
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ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE NUMBER
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E-MAIL ADDRESS

EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
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EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER
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FATHER'S/GUARDIAN'S NAME	HOME TELEPHONE NUMBER
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ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE NUMBER
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E-MAIL ADDRESS

EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
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EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER
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**EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY
(OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.**

NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)
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ADDRESS (STREET, CITY, STATE, ZIP CODE)

NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)
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ADDRESS (STREET, CITY, STATE, ZIP CODE)

**COMMENTS ON CHILD'S DEVELOPMENT
(PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS)**

RELATED CHILD

YES NO HOW IS CHILD RELATED TO CHILD CARE PROVIDER?

CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

CHECK HERE WHAT DAYS THE CHILD WILL ATTEND. WILL CHILD ATTEND: <input type="checkbox"/> FULL TIME OR <input type="checkbox"/> PART TIME	WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY? CIRCLE AM OR PM	WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY? CIRCLE AM OR PM	WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION INCLUDING SHIFT CHANGES.

MONDAY	<input type="checkbox"/>	AM PM	AM PM
TUESDAY	<input type="checkbox"/>	AM PM	AM PM
WEDNESDAY	<input type="checkbox"/>	AM PM	AM PM
THURSDAY	<input type="checkbox"/>	AM PM	AM PM
FRIDAY	<input type="checkbox"/>	AM PM	AM PM
SATURDAY	<input type="checkbox"/>	AM PM	AM PM
SUNDAY	<input type="checkbox"/>	AM PM	AM PM

CACFP REQUIREMENT

CACFP REQUIREMENT	CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY			
	<input type="checkbox"/> BREAKFAST <input type="checkbox"/> MORNING SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> AFTERNOON SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK <input type="checkbox"/> NONE			
	CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY			
	<input type="checkbox"/> NEW YEAR'S DAY (JANUARY)	<input type="checkbox"/> MARTIN LUTHER KING JR.'S BIRTHDAY (JANUARY)	<input type="checkbox"/> PRESIDENT'S DAY (FEBRUARY)	<input type="checkbox"/> EASTER (MARCH/APRIL)
<input type="checkbox"/> MEMORIAL DAY (MAY)	<input type="checkbox"/> INDEPENDENCE DAY (JULY)	<input type="checkbox"/> LABOR DAY (SEPTEMBER)	<input type="checkbox"/> COLUMBUS DAY (OCTOBER)	
<input type="checkbox"/> VETERANS DAY (NOVEMBER)	<input type="checkbox"/> ELECTION DAY (NOVEMBER)	<input type="checkbox"/> THANKSGIVING (NOVEMBER)	<input type="checkbox"/> CHRISTMAS DAY (DECEMBER)	
AUTHORIZATION FOR EMERGENCY MEDICAL CARE				
I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE OF MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE.				
IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE				
The Treehouse Learning Center DAY CARE PROVIDER OR HOME PROVIDER				
TO CONTACT THE FOLLOWING:				
PHYSICIAN OR CLINIC				
NAME			TELEPHONE NUMBER	
PREFERRED HOSPITAL				
NAME			TELEPHONE NUMBER	
ACKNOWLEDGEMENTS				
A	I HAVE RECEIVED A COPY OF THIS FACILITY'S POLICIES PERTAINING TO THE ADMISSION, CARE AND DISCHARGE OF CHILDREN.		PARENT/GUARDIAN INITIALS	
B	I HAVE BEEN INFORMED THAT A COPY OF THE LICENSING RULES FOR CHILD CARE HOMES OR THE LICENSING RULES FOR GROUP CHILD CARE HOMES AND CENTERS IS AVAILABLE AT THIS FACILITY FOR REVIEW.		PARENT/GUARDIAN INITIALS	
C	THE PROVIDER AND I HAVE AGREED ON A PLAN FOR CONTINUING COMMUNICATION REGARDING MY CHILD'S DEVELOPMENT, BEHAVIOR, AND INDIVIDUAL NEEDS.		PARENT/GUARDIAN INITIALS	
D	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.		PARENT/GUARDIAN INITIALS	
E	I UNDERSTAND THAT, BEFORE THE FIRST DAY OF ATTENDANCE BY MY CHILD, I WILL PROVIDE PROOF OF COMPLETED AGE-APPROPRIATE IMMUNIZATIONS OR EXEMPTION FROM IMMUNIZATIONS.		PARENT/GUARDIAN INITIALS	
F	<input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED.		PARENT/GUARDIAN INITIALS	
G	<input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.		PARENT/GUARDIAN INITIALS	
H	I HAVE BEEN INFORMED AND HAVE RECEIVED A COPY OF THE FACILITY'S SAFE SLEEP POLICY WHEN ENROLLING A CHILD LESS THAN ONE (1) YEAR OF AGE.		PARENT/GUARDIAN INITIALS	
I	I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INITIAL ENROLLMENT OR ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED.		PARENT/GUARDIAN INITIALS	
PARENT'S/GUARDIAN'S SIGNATURE			DATE	
CACFP REQUIREMENT	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	

Tree House Learning Center

Electronic Communication

Our current database allows us the opportunity to communicate between school and home via text and email. We can email statements, receipts and other financial documentation as well as communication from your child's teacher (i.e. newsletters, upcoming events etc.). We can also send messages via text in the event of an emergency school closing or inclement weather, reminders of school wide events (i.e. picture day, class parties), etc. If you would like electronic communication from the Tree House Learning Center, please complete the information below.

Child's Name _____

Email address for classroom communication:

_____	Mom	Home
	Dad	Work
_____	Mom	Home
	Dad	Work

Email for statements, receipts and financial documentation:

_____	Mom	Home
	Dad	Work
_____	Mom	Home
	Dad	Work

Cellular number where you would like to receive text messages:

_____	Carrier: _____
	(i.e. Sprint, AT&T)
_____	Carrier: _____
	(i.e. Sprint, AT&T)

The Tree House Learning Center

General Policies

- **Hours:** The center is open from 6:00 a.m. to 6:00 p.m. Monday through Friday. *After 6:00 p.m. there will be a late charge of \$1.00 per minute, per child. Late fees are due immediately. Excessive lateness could result in dismissal from the center.*
- **Holidays:** To allow our staff time with their families, the center will be closed on the following days: *Please remember that full tuition is due for these days. Please note that if a holiday falls on a Saturday, the center will be closed on the Friday before. If the holiday falls on a Sunday, the center will be closed on the following Monday.*
 - *New Year's Day
 - *Memorial Day
 - *Independence Day
 - *Labor Day
 - *Thanksgiving Day
 - *Friday after Thanksgiving
 - *Christmas Eve Day
 - *Christmas Day
- **Tuition:** Tuition is due every Monday. There will be a late charge of \$10.00 added to your weekly fee if tuition is not received by Monday at 6:00 p.m. Care will be terminated for any account that falls behind two or more weeks. Those wishing to re-enroll must bring all accounts up to date and pay the registration fee.
- **Returned Checks:** A \$25.00 fee will be charged for all returned checks. Any individual that had two or more returned checks will be required to pay tuition with a money order.
- **Vacation:** Each *full time* child will receive 5 vacation days after a year attending the center for 6 months. A written notice must be submitted 2 weeks in advance. The vacation days are to be used consecutively. Single day absences will be charged at the regular rate.
- **Arrivals/Departures:** Parents must sign their children in and out upon arrival and departure every day. Parents must accompany their children to the designated classroom upon arrival and departure each day.
- **Authorized Pick-Up:** Names of anyone authorized to pick up your child must be on file with The Tree House. A picture ID must be presented before the Tree House staff will relinquish a child to anyone other than their parents or legal guardians. *All visitors must stop at the front office and will be escorted to the appropriate classroom. ID codes are only to be used by those that they are assigned to.*
- **Absences:** We ask that you please call the center if your child is going to be absent for the day. If a child is absent for 2 consecutive weeks without any notification, your child will be dropped from the center. Re-enrollment will require payment of the registration fee and any past due fees/tuition.
- **Public School Closings:** There will be an **additional** \$15.00 per day charge for school-age children who spend the entire day at the Tree House due to scheduled school holidays, teacher institute days or snow days. An additional \$10.00 charge will apply to school- age children for half days, late start or early release days from school. (This rate does not apply to summer camp.)
- **Sick Children:** Please refer to our medical Policies.
- **Outside Time:** As required by the DHSS, children will be required to go outside, weather permitting, for a minimum of 1 hour per day. Please make sure your child has weather appropriate clothing.
- **Withdrawal:** Two weeks written notice is required when a family is withdrawing their child from our center. Full tuition will be charged if a written notice is not submitted.

Parent/Guardian Signature: _____ Date: _____

Tree House Learning Center

Medical Policies

- Immunization records are to be provided before the first day of attendance.
- Medical Examination Reports must be provided within 30 days of the time of enrollment.
- To protect all the children and staff at the center, **children showing symptoms of a communicable disease must recover at home and must be symptom free for 24 hours without the aid of medication before returning to the Tree House.** As outlined by the Missouri Department of Health, these symptoms include, but are not limited to a fever at or above 99 degrees when taken under the arm, diarrhea or vomiting, earache, sore throat, severe cough, difficulty breathing, unidentified rash, conjunctivitis, any signs of lice, chicken pox, measles, and mumps.
- Any medication that is to be administered to a child must accompany a medical authorization form that may be obtained at the front desk. All medication must be in its original container with the child's full name clearly visible. Prescription medication must be in its original container and have the pharmaceutical label with your child's name and dosage instructions printed and visible.
- Any child that has allergies must complete an allergy action plan prior to enrollment.** Parents are required to inform the center of all allergies, potential reactions and supply us with a plan of action if such a reaction should occur. Parents are responsible for updating their child's information/plan of action as often as necessary.
- Children in attendance must be well enough to fully participate in all classroom activities including outside time.**

Parent/Guardian Signature: _____ Date: _____

Tree House Learning Center

Photography Policies

On occasion, the Tree House Learning Center will be using various photographs of children, their artwork, or other items produced in their classrooms on our monitors, in our classrooms and, with your permission, on our Facebook page.

The pictures will be used solely to promote school spirit and to give visitors an opportunity to appreciate the wide variety of outstanding learning experiences and activities that our center has to offer.

Please fill out the form below indicating whether or not you give permission to the Tree House Learning Center to use photographs/artwork that include or were produced by your child. **No names or identities will be included.**

Child's Name _____

_____ I DO give permission to the Treehouse Learning Center to use pictures/artwork of my child *on social media posts or the Treehouse website.*

_____ I DO give permission to the Treehouse Learning Center to use pictures/artwork that includes or was produced by the above child *in the center only*

Parent/Guardian Signature: _____ Date: _____

The Tree House Learning Center

Withdrawal Policies

Your child's well-being is our number one concern. If we determine that your child is not adjusting to our program, we will withdrawal the child/family from the center in order for you to find more suitable arrangements. Any of the following actions will result in withdrawal of a child or family.

- The inability of our center to care for your child's needs.
- Abuse or mistreatment of any other children, the staff, or property.
- Behavior that is dangerous or disruptive to him/herself or other classmates.
- Non-payment, repeated late payments of tuition or excessive late pick -ups.

Parent/Guardian Signature: _____ **Date:** _____