

The Tree House Child Care and Enrichment

Groton Public Schools

Mailing address: PO BOX K, Groton, CT 06340

860-572-5852 ext. 52133

Office Use Only:	
Roster	<input type="checkbox"/>
Procure Demographic	<input type="checkbox"/>
Procure Financial	<input type="checkbox"/>
Payment Received	<input type="checkbox"/>
Medical Paperwork	<input type="checkbox"/>



REGISTRATION FORM

2022 - 2023 School Year

CHILD'S INFORMATION

Child's Full Name					Nickname	
Address					Home Phone	
School	Teacher	Grade	Age	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name		Home Phone	
Address		Cell Phone	
Employer		Work Phone	
Employer Address (must include street, town, zip code)		Primary Email Address – this is our primary method of communication.	

Parent/Guardian Name		Home Phone	
Address		Cell Phone	
Employer		Work Phone	
Employer Address		Email	

EMERGENCY CONTACT/AUTHORIZED PICK-UPS - *At least one person 18 years or older must be listed.*

Name	Relationship	Home Phone
Address		Cell Phone

Name	Relationship	Home Phone
Address		Cell Phone

Name	Relationship	Home Phone
Address		Cell Phone



Child's Full Name

STUDENT HEALTH INFORMATION

Confidential and to be kept in a secure location for emergency access only.

Pediatrician Name	Phone
Dentist Name	Phone
Health Insurance Company	Group #
Name of Insured	ID #

CURRENT MEDICATIONS

Medication 1	Diagnosis	Prescribed By
Medication 2	Diagnosis	Prescribed By
Medication 3	Diagnosis	Prescribed By

ALLERGIES OR SPECIAL ACCOMODATIONS

Does your child have any allergies or special needs? Yes No

If yes, please explain and/or attach additional information:

HOSPITALIZATIONS

Has your child been hospitalized within the last year? Yes No

If yes, please explain why:

STATEMENT OF AUTHORIZATION

In the event of a medical urgency, I authorize The Tree House staff to take any action it deems necessary and appropriate, including administering first aid, CPR, and/or calling emergency personnel to care for and/or transport my child to a medical facility.

Parent/Guardian Signature

Date