

# The Tree House Child Care and Enrichment

Groton Public Schools

Mailing address: PO BOX K, Groton, CT 06340

860-373-8460

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

2024 - 2025 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 Name \_\_\_\_\_

**ENROLLMENT AND SCHEDULE**

<input type="checkbox"/> Catherine Kolnaski	<input type="checkbox"/> Charles Barnum	<input type="checkbox"/> Mystic River	<input type="checkbox"/> Northeast Academy	<input type="checkbox"/> Thames River
<input type="checkbox"/> Morning Program	My child will attend these days. I will notify Tree House of absences. <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri		Approximate drop-off time for planning purposes: _____ AM Drop Off	
<input type="checkbox"/> Afternoon Program	My child will attend these days. I will notify Tree House of absences. <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri		Approximate pick-up time for planning purposes: _____ PM Pick up	

I would like my child's enrollment with the Tree House program(s) indicated above to begin on: \_\_\_\_\_

**TUITION AND DEPOSIT**

<i>Use this chart to determine your fees.</i>	Morning Program	Afternoon Program	Morning & Afternoon Program
Tuition	<input type="checkbox"/> \$50	<input type="checkbox"/> \$55	<input type="checkbox"/> \$100
Membership Fee (charged annually)	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50
<b>Due at Registration</b>	<input type="checkbox"/> \$100	<input type="checkbox"/> \$105	<input type="checkbox"/> \$150

**PARENT STATEMENT OF UNDERSTANDING**

Please initial each section to indicate that you understand and agree to the policy. Leave blank any section that you would like clarification on and your questions will be answered at the registration meeting.

<input type="checkbox"/>	I agree to pay the tuition rate checked above. Tuition is due on Monday each week. <b>Registration fee is non-refundable.</b>
<input type="checkbox"/>	I understand that my child's spot in the program is not secure until the amount noted above is paid in full.
<input type="checkbox"/>	I understand that tuition is paid <b>weekly</b> via Tuition Express and I have provided the info necessary for registration for auto-pay services.
<input type="checkbox"/>	I understand that failing to pay on-time will result in Late Payment fees of \$25 and if repeated will result in suspension from the program.
<input type="checkbox"/>	I understand that the program does not prorate for holidays or absences, <b>including the February and November breaks.</b>
<input type="checkbox"/>	I understand that 2 weeks' notice, in writing, is required to remove my child from the program. Failure to provide adequate notice will still result in payment for 2 weeks' of tuition fees.
<input type="checkbox"/>	I agree to notify the Tree House of any absences or changes in schedule.
<input type="checkbox"/>	I understand that my child will not be dismissed to anyone that is not on the authorized list without prior written consent and that there will be no exceptions to this policy.
<input type="checkbox"/>	I agree to sign my child in and out of the program daily.
<input type="checkbox"/>	I will pick my child up before 6:00 p.m. each day. I understand that not doing so will result in late pick-up fees and/or suspension from the program. Late Pick Up Fees accrue at \$5 for every 5 minute increment beginning at 6:00PM.
<input type="checkbox"/>	I authorize The Tree House to photograph my child engaged in activities. I understand his/her picture may appear in brochures or other school publications or on the school website.
<input type="checkbox"/>	I have read and signed off on the Tree House Discipline Policies. I understand that enrollment in the program will be discontinued if my student is unable to participate in the program due to aggressive/disruptive behavior or is unable to participate without 1:1 care/supervision.
<input type="checkbox"/>	I have read and understand all policies in the handbook and give my child permission to participate fully in the program, including field trips and hikes on the school grounds.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed by Tree House Staff Member



Child's 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