

# The Tree House Child Care and Enrichment

Groton Public Schools

860-449-5658



<i>Office Use Only:</i>	
Reviewed by Admin:	<input type="checkbox"/>
Teacher/School Notified:	<input type="checkbox"/>

## SUMMER 2025 REGISTRATION FORM

### CHILD'S INFORMATION

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

### PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Name		Home Phone	
Address		Cell Phone	
Employer		Work Phone	
Employer Address (include street, town, state, zip code)		Email Address	
Parent/Guardian 2 Name		Home Phone	
Address		Cell Phone	
Employer		Work Phone	
Employer Address (include street, town, state, zip code)		Email Address	

### 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
Name	Relationship	Home Phone
Address		Cell Phone

**ENROLLMENT AND SCHEDULE: Please note that Camp will be CLOSED on 7/3 & 7/4 for Independence Day**

I am enrolling for the Summer 2025					<input type="checkbox"/> Full 8-Week Program	<input type="checkbox"/> Weeks Checked Below
<input type="checkbox"/> 1 (6/23-6/27)	<input type="checkbox"/> 2 (6/30-7/2)	<input type="checkbox"/> 3 (7/7-7/11)	<input type="checkbox"/> 4 (7/14-7/18)	<input type="checkbox"/> 5 (7/21-7/25)		
<input type="checkbox"/> 6 (7/28-8/1)	<input type="checkbox"/> 7 (8/4-8/8)	<input type="checkbox"/> 8 (8/11-8/15)				
My child will typically 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/pick-up times (7:00 am to 5:30 pm) for planning purposes: _____ AM Drop Off _____ PM Pick Up			

**TUITION AND DEPOSIT**

Use this chart to determine the amount due at registration. This amount will be applied to your child's <b>final week</b> of tuition.	<b>Week Tuition</b>	<b>Registration Fee</b>	<b>Deposit (Includes final week)</b>
<b>Member Rate</b>			
Weekly Tuition	<input type="checkbox"/> \$225	<input type="checkbox"/> \$50	<input type="checkbox"/> \$275
<b>Non-Member Rate</b>			
Weekly Tuition	<input type="checkbox"/> \$250	<input type="checkbox"/> \$50	<input type="checkbox"/> \$300
<b>FOR MEMBERS:</b> Initial here for deposit to be processed on <u>June 9, 2025</u> , using your current Tuition Express _____			

**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.

- \_\_\_\_\_ I agree to enroll in Tuition Express for payment of weekly tuition OR I agree to pay for my student's full summer enrollment in advance.
- \_\_\_\_\_ I understand that my child's spot in the program is not secure until the amount noted above is paid in full.
- \_\_\_\_\_ I understand that the Summer Deposit will be refunded, less registration fee and \$25 cancellation fee, if I provide written notice that my child will not attend by May 16, 2025. After this date, I understand that the deposit is **NOT refundable** and that I will be held responsible for covering the cost of tuition for the weeks I registered for **UNLESS** the spot is able to be filled.
- \_\_\_\_\_ I understand that the program does not prorate for holidays or absences and that tuition is due for the weeks that I have signed up for, regardless of whether my child attends.
- \_\_\_\_\_ I will pick my child up before 5:30 p.m. each day. I understand that failure to do so will result in late pick-up fees of \$5 per 5-minute increment that I am late, and that habitual lateness will result in program suspension.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ I understand that district school buses will transport my child as necessary, including on the scheduled field trips.
- \_\_\_\_\_ I understand the activities that the Tree House Summer Program offers and I allow my child to participate in all activities unless otherwise noted on the health form. I understand that health and accident coverage for my child is my responsibility as a parent or guardian. I agree to release, hold harmless and waive any claims that might arise against the Tree House, the Groton Board of Education, the Town of Groton, and their officials, representatives, agents and employees on account of any and all injuries and claims of injury to person while participating in and/or traveling to and/or from camp activities.
- \_\_\_\_\_ I understand and agree to the Behavior/Discipline Policies and know that my child's enrollment in the program is contingent on his/her ability to function independently in the program and to maintain appropriate and age-level behavioral expectations.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



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

### ALLERGIES OR SPECIAL ACCOMMODATIONS

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