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	☐
Procare Demographic	☐
Procare Financial	☐
Payment Received	☐
Medical Paperwork	☐

REGISTRATION FORM

2026 - 2027 School Year

CHILD'S INFORMATION

Child's Full Name					Nickname
Address					Home Phone
School	Teacher	Grade	Age	Date of Birth	Gender ☐Male ☐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

☐ Catherine Kolnaski	☐ Charles Barnum	☐ Mystic River	☐ Northeast Academy	☐ Thames River

☐ Morning Program	My child will attend these days. I will notify Tree House of absences. ☐Mon ☐Tues ☐Wed ☐Thurs ☐Fri	Approximate drop-off time for planning purposes: _____ AM Drop Off
☐ Afternoon Program	My child will attend these days. I will notify Tree House of absences. ☐Mon ☐Tues ☐Wed ☐Thurs ☐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

Use this chart to determine your fees.	**Morning Program**	**Afternoon Program**	**Morning & Afternoon Program**
Tuition	☐ $50	☐ $55	☐ $100
Membership Fee (charged annually)	☐ $50	☐ $50	☐ $50
Due at Registration	☐ $100	☐ $105	☐ $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.

	I agree to pay the tuition rate checked above. Tuition is due on Monday each week. **Registration fee is *non-refundable.***
	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 tuition is paid **weekly** via Tuition Express, and I have provided the information necessary for auto-pay registration.
	I understand that failing to pay on time will result in a $25 Late Payment fee and, if repeated, in suspension from the program.
	I understand that the program does not prorate for holidays or absences, **including the February and November breaks,** or for inclement weather that causes schools to close.
	I understand that 2 weeks' written notice is required to remove my child from the program. Failure to provide adequate notice will still result in payment of 2 weeks' tuition fees.
	I agree to notify the Tree House of any absences or schedule changes.
	I understand that my child will not be dismissed to anyone not on the authorized list without prior written consent, and that there will be no exceptions to this policy.
	I agree to sign my child in and out of the program daily.
	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 per 5-minute increment, beginning at 6:00 PM.
	I authorize The Tree House to photograph my child engaged in activities. I understand his/her picture may appear in brochures, other school publications, or on the school website.
	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 due to aggressive or disruptive behavior or requires 1:1 care/supervision.
	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 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**