

The Learning Tree  
2022-2023  
Application/Record of Child Information

Name of Child \_\_\_\_\_ Preferred Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

**Program Choice:**

**2 year old Preschool: Children turning 2 years before September 1, 2022**

Monday & Wednesday, 9:15 am - 12:15 pm \$195/month  
**\$50 Registration Fee**

Tuesday & Thursday, 9:15 am - 12:15 pm \$195/month  
**\$50 Registration Fee**

**Preschool: Children turning 3 before September 1, 2022**

Tuesday & Thursday, 9:15 am - 12:15 pm, \$175/month  
**\$50 Registration Fee**

**Extended Day Add-On (optional):** Tuesday & Thursday, 12:15pm - 2:15 pm,  
+100/month (bring your own lunch)

**Pre-Kindergarten: Children turning 4 before September 1, 2022**

Monday, Wednesday & Friday, 9:15 am - 12:15 pm, \$255/month  
**\$50 Registration Fee**

**Lunch Enrichment Add-On (optional):** Wednesday, 12:15 - 1:15 pm, +\$25/month  
(bring your own lunch)

**Parents' Information:**

Please place a checkmark next to the contact(s) who would like to receive official communication from The Learning Tree (i.e. newsletters, teacher emails, sick child notifications, etc.)

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_ (Primary) \_\_\_\_\_ (Other)

Email Address \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_ (Primary) \_\_\_\_\_ (Other)

Email Address \_\_\_\_\_

Name(s), Age(s) of other children living in the home:

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts (other than parents, authorized to place and pick-up child):**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_ (Primary) \_\_\_\_\_ (other)

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_ (Primary) \_\_\_\_\_ (Cell)

**Physician to contact if child becomes ill or injured:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Choice of Hospital \_\_\_\_\_

If the child has any other following, please explain:

Allergies \_\_\_\_\_

\_\_\_\_\_

Medical Problems \_\_\_\_\_

\_\_\_\_\_

Restrictions for play - Outdoors \_\_\_\_\_

\_\_\_\_\_

Restrictions for play - Indoors \_\_\_\_\_

\_\_\_\_\_

Food likes \_\_\_\_\_

Food dislikes \_\_\_\_\_

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Fears \_\_\_\_\_

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Legal/Custody Concerns \_\_\_\_\_

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Is the child toilet trained? \_\_\_\_\_

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Does the child regularly take medication? \_\_\_\_\_ If so, what kind \_\_\_\_\_

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\*If medication may need to be administered at school, a doctor will need to sign an authorization to medicate.

### Consent to Photograph

\_\_\_\_\_ I give consent to have my child photographed while at O'Fallon First United Methodist Church with the understanding that these photographs may be used in church and Learning Tree publications, websites, and social media. My child's name will not be mentioned in connection with these photos.

\_\_\_\_\_ I give consent to have my child photographed while at O'Fallon First United Methodist Church with the understanding that these photographs will be for classroom and teacher use only. However, I do not wish for my child's photograph to be used in church and Learning Tree publications, websites, and social media.

\_\_\_\_\_ I do not wish for my child to be photographed while at O'Fallon First United Methodist Church.

### Health Examinations

**The State of Illinois, Department of Human Services, and Certificate of Child Health Examination must be completed. No other Forms will be accepted.**

\_\_\_\_\_ I have submitted a copy of my child's up to date immunizations and health examination record in accordance to The State of Illinois, Department of Human Services.

\_\_\_\_\_ I have not submitted a copy of my child's up to date immunizations record and health examination in accordance to the State of Illinois, Department of Human Services. I understand that I have 30 days from the start of school to submit them. I understand if required paperwork is not submitted, my child will not be able to attend class until proof is submitted. My child's spot may be filled after 30 days.

Parent's Name \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature \_\_\_\_\_