

The Learning Tree

2024-2025

Application/Record of Child Information

Name of Child _____ Preferred Name _____

Birthdate _____ Age _____ Sex _____

Program Choice:

2 year old Preschool: Children turning 2 before September 1, 2024

- Monday & Wednesday, 9:15 am - 12:15 pm, \$195/month
\$100 Registration fee
- Tuesday & Thursday, 9:15 am - 12:15 pm, \$195/month
\$100 Registration fee

Preschool: Children turning 3 before September 1, 2024

- Tuesday & Thursday, 9:15 am - 12:15 pm, \$100 registration fee, \$175/month
\$100 Registration fee
- Extended Day Add-On (optional):** Tuesday & Thursday, 9:15 am – 2:15 pm.
+\$125/month **additional charge** (bring your own lunch)

NEW Three-Day Option:

- Monday, Wednesday & Friday, 9:15 am – 12:15 pm, \$255/month
\$100 Registration
Lunch Enrichment Add-On (optional): Wednesday, 12:15 – 1:15 pm
- +30/month (bring your own lunch)

Pre-K: Children turning 4 y/o before September 1, 2024

- Monday, Wednesday & Friday, 9:15-12:15, \$255/month
- Lunch Enrichment Add-On (optional),** Wednesday 9:15-1:15pm, +\$30.00 a month (bring your own lunch)

New Two-Day Option:

- Tuesday & Thursday , 9:15-12:15, \$175.00 a month
- Extended Day Add-On (optional):** Tuesday & Thursday, 9:15 am – 2:15 pm.
+\$125/month **additional charge** (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 _____

Fears _____

Legal/Custody Concerns _____

Is the child toilet trained? _____

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

*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 _____