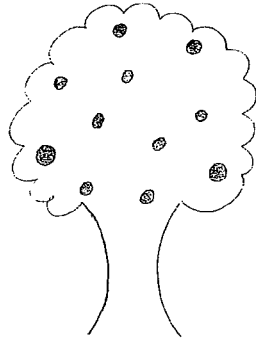


Appletree Academy Enrollment Packet 2018-2019

APPLETREE ACADEMY



Where Learning is Fun

Before a place is secured for your child at Appletree Academy, we must have a completed Enrollment Packet (with the exception of page 7). Please print and complete the entire packet. Please bring pages 1-6 completed and signed, along with immunization records and your \$50.00 enrollment fee when you are ready to enroll at Appletree. Please submit page 7 to your child's doctor to be completed & signed, then submit it to Appletree Academy no later than August 1st. The \$100.00 supplemental fee is also due by August 1st to cover the cost of supplies & field trips for your preschooler.

Required Items:

- This summary Form-Page 1
- Appletree Academy Student Information Form-Page 2
- Authorization Agreement Automatic Payments (Ach Debits) Form-Page 3
- Missouri Department of Health and Senior Services Child Enrollment Form-Page 4
- Authorization For Emergency Medical Care Form-Page 5
- Appletree Academy Photo Consent Form-Page 6
- Missouri Department of Health and Senior Services Child Medical Exam Form-Page 7

Also required at time of enrollment:

- A copy of your preschoolers CURRENT Immunization Record
- \$50.00 deposit (Check or money order only, no cash please)

WE ONLY ACCEPT HARD COPIES OF EACH FORM. PLEASE DO NOT EMAIL FORMS.

Appletree Academy Preschool 1800 SW 150 Highway Lee's Summit, MO. 64082
(816) 537-5659 janschool@comcast.net www.appletreeacademy.biz

APPLETREE ACADEMY STUDENT INFORMATION TODAY'S DATE: _____

Primary Classes-Age 3 before August 1st and potty trained in order to enroll. All Primary classes attend 2 mornings/week.

Pre-K Classes- Age 4 before August 1st and potty trained in order to enroll. All Pre-K Students attend 3 mornings/week.

Base Tuition M/W PRIMARY class age 3 before August 1 st CIRCLE ONE CHOICE PLEASE: A.M. Class 9:00-11:30 OR P.M. class 1:00-3:30	\$140
Base Tuition T/Th PRIMARY class 9-11:30 age 3 before August 1st	\$140
Base Tuition M/W/F PRE-K class age 4 before August 1 st CIRCLE ONE CHOICE PLEASE: A.M. Class 9:00-11:30 OR P.M. class 1:00-3:30	\$170
Base Tuition T/Th/F PRE-K class 9-11:30 age 4 before August 1st	\$170

OPTIONAL Add on—choose one (price is *per month*):

2 Day Extended Care-Mon/Wed 11:30-1:00 or Tue/Thu 11:30-1:00 This option is available for Primary classes only (this fee <i>includes</i> Stretch N Grow class on Mon or Tue; child brings sack lunch both days)	\$60
3 Day Extended Care-Mon/Wed/Fri 11:30-1:00 or T/Th/F 11:30-1:00 This option is available for Pre-K students only (this fee <i>includes</i> Stretch N Grow class on Mon/Tue; child brings sack lunch all 3 days)	\$85
Primary Classes with Extended Day meet 9:00-1:00 or 11:30-3:30 -twice/week TOTAL:	\$200
Pre-K Classes with Extended Day meet 9:00-1:00 or 11:30-3:30 three times/week TOTAL:	\$255

CHILD'S FIRST & LAST NAME _____ CIRCLE: BOY/GIRL BIRTHDATE _____

HOME ADDRESS _____ CITY _____ ZIP CODE _____

MOM'S CELL _____ DAD'S CELL _____ CHILD CARE PROVIDER'S CELL _____

MOTHER'S NAME _____ WORK PHONE _____

FATHER'S NAME _____ WORK PHONE _____

YEAR TO BEGIN KINDERGARTEN _____ DISTRICT? _____ NAME OF ELEMENTARY SCHOOL? _____

NAMES OF FORMER APPLETREE STUDENTS IN YOUR FAMILY: _____

NAMES AND BIRTHDATES OF BROTHERS AND SISTERS _____

IS THIS A FIRST TIME PRESCHOOL EXPERIENCE FOR THIS CHILD? YES ___ NO ___

NAMES OF ADULTS-**OTHER THAN PARENTS**-DROPPING OFF AND PICKING UP YOUR CHILD:

NAME _____ HOME NUMBER _____ CELL _____

NAME _____ HOME NUMBER _____ CELL _____

THE AGE OF YOUR CHILD BY THIS SEPTEMBER _____ YEARS _____ MONTHS

DO YOU OR YOUR SPOUSE TEACH SCHOOL NOW OR IN THE PAST? IF SO, WHERE? _____

EMAIL ADDRESS-PLEASE PRINT CLEARLY _____

HOW DID YOU HEAR ABOUT APPLETREE? _____

Thank you for choosing Appletree Academy! 1800 SW 150 Highway Lee's Summit, MO. 64082 (816) 537-5659

janschool@comcast.net

www.appletreeacademy.biz

Jan McDonough, Owner/Director

AUTHORIZATION AGREEMENT AUTOMATIC PAYMENTS (ACH DEBITS)

I _____, hereby authorize Appletree Academy, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Branch)

(Financial Institution Address)

(City/State)

(Zip)

(Routing Number)

(Account Number)

Type of Account: ___ Checking ___ Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Adult Name on the Bank Account)

(Print Preschoolers First Name)

(Print Preschoolers Last Name)

(Print First and Last Names of any additional siblings also attending Appletree Academy)

(Signature)

_____/_____/_____
(Date)

***PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
CHILD ENROLLMENT

CHILD'S NAME		SEX	BIRTH DATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)		HOME TELEPHONE NUMBER ()	

OPTIONAL

SCHOOL CHILD ATTENDS	
NAME	TELEPHONE NUMBER ()
ADDRESS (STREET, CITY, STATE, ZIP CODE)	

IDENTIFYING INFORMATION

MOTHER'S OR GUARDIAN NAME	HOME TELEPHONE NUMBER ()
ADDRESS <input type="checkbox"/> CHECK HERE IF SAME AS CHILD. (OR LIST STREET, CITY, STATE, ZIP CODE.)	CELL PHONE NUMBER (OPTIONAL) ()
EMPLOYED BY (OR SCHOOL ATTENDED)	HOURS OF EMPLOYMENT FROM TO
ADDRESS (STREET, CITY, STATE, ZIP CODE..)	BUSINESS TELEPHONE NUMBER ()
FATHER'S OR GUARDIAN'S NAME	HOME TELEPHONE NUMBER ()
ADDRESS <input type="checkbox"/> CHECK HERE IF SAME AS CHILD. (OR LIST STREET, CITY, STATE, ZIP CODE.)	CELL PHONE NUMBER (OPTIONAL) ()
EMPLOYED BY (OR SCHOOL ATTENDED)	HOURS OF EMPLOYMENT FROM TO
ADDRESS (STREET, CITY, STATE, ZIP CODE)	BUSINESS TELEPHONE NUMBER ()

EMERGENCY CONTACT(S) (ONE REQUIRED)

NAME	TELEPHONE NUMBER ()
ADDRESS (STREET, CITY, STATE, ZIP CODE)	RELATIONSHIP
NAME	TELEPHONE NUMBER ()
ADDRESS (STREET, CITY, STATE, ZIP CODE)	RELATIONSHIP

OPTIONAL

PERSONS AUTHORIZED TO TAKE CHILD FROM CHILD CARE FACILITY (ONE REQUIRED)

NAME	NAME
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COMMENTS ON CHILD'S DEVELOPMENT

(NOTE ALLERGIES, HABITS, SPECIAL LANGUAGE, ETC.)

TO BE COMPLETED BY CHILD CARE FACILITY (FORM TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE)

FACILITY NAME	ADMISSION DATE
ENROLLED FOR (DAYS OF THE WEEK)	FULL TIME/PART TIME
HOURS PER DAY	
FROM TO	
DISCHARGE DATE	

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize

PROVIDER/LICENSEE

to contact the following:

PHYSICIAN OR CLINIC
(Please list name and phone number of physician and/or clinic.)

NAME

TELEPHONE

()

ADDRESS (STREET, CITY, STATE, ZIP CODE) - OPTIONAL

PREFERRED HOSPITAL
(Please list name and phone number of hospital.)

NAME

TELEPHONE

()

ADDRESS (STREET, CITY, STATE, ZIP CODE) - OPTIONAL

TRANSPORTATION TO AND FROM SCHOOL

I (DO) (DO NOT) GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD TO AND FROM SCHOOL.

FIELD TRIPS

I UNDERSTAND THAT I MUST GIVE WRITTEN PERMISSION FOR FIELD TRIPS/EXCURSIONS AND THAT I WILL BE NOTIFIED WHEN THEY ARE PLANNED.

ACKNOWLEDGEMENTS

- A) I HAVE RECEIVED A COPY OF THIS FACILITY'S POLICIES PERTAINING TO THE ADMISSION, CARE AND DISCHARGE OF CHILDREN.
- B) I HAVE BEEN INFORMED THAT A COPY OF THE LICENSING RULES FOR CHILD CARE HOMES OR THE LICENSING RULES FOR GROUP CHILD CARE HOMES AND CHILD CARE CENTERS IS AVAILABLE AT THIS FACILITY FOR REVIEW.
- C) THE PROVIDER AND I HAVE AGREED ON A PLAN FOR CONTINUING COMMUNICATION REGARDING MY CHILD'S DEVELOPMENT, BEHAVIOR AND INDIVIDUAL NEEDS.
- D) WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

Appletree Academy Photo Consent Form

We love taking pictures of all our students at Appletree while on field trips and also in the classroom. Our school website and our school Facebook page allow us to share group pictures of all the fun Appletree activities with parents, family, and friends. We will give you a copy of all the pictures we take on the flash drive you provide. We would like your permission please to use some group pictures, which include your child, for advertising our wonderful program at Appletree Academy. We do not post student information on Social Media. I invite you to visit our website at www.AppletreeAcademy.biz to see pictures already posted!! We also welcome parent comments to add to our website. If you would like to add your comments, please email them to janschool@comcast.net

Please complete the following:

I, the legal parent or guardian of _____,
(print pre-schoolers first and last name)

give my permission for Appletree Academy Preschool to use a group picture which may include my child's photo, on their website, Facebook page, & newspapers.

I understand that my child's name or other personal information about my child will not be posted on Social Media.

Parent or legal guardian name:

(parent signature)

(parent name printed)

Date _____

