

Appletree Academy Enrollment Packet 2025-2026

APPLETREE ACADEMY



Where Learning is Fun

Thank you so much for choosing Appletree Academy! We have been successfully preparing preschoolers for kindergarten since 1994! Whether you are new to Appletree or a returning family, we greatly appreciate you entrusting us to be a part of your preschooler's educational journey! If you are new to Appletree, please call to set up a tour to start the enrollment process. Next:

- 1) Please return this completed Packet pages 1-6
- 2) Submit page 7 to your child's doctor to be completed & signed, then submit it to Appletree
- 3) The \$100.00 supplemental fee (covers the cost of field trips & supplies) & the \$50.00 deposit will be automatically deducted from your account. **Both are non-refundable.**
- 4) Please do NOT send cash, checks, or money orders.

REQUIRED ITEMS:

___ Page 1-This summary Form

___ Page 2-Appletree Academy Student Information Form

___ Page 3-Authorization Agreement Automatic Payments (Ach Debits) Form

___ Page 4-Missouri Department of Health and Senior Services Child Care Enrollment Form part 1

___ Page 5-Missouri Department of Health and Senior Services Child Care Enrollment Form part 2

___ Page 6-Appletree Academy Photo Consent Form

___ Page 7-Missouri Dept. of Health and Senior Services Child Medical Exam Form-signed by a Dr.

___ Page 8-A copy of your preschoolers CURRENT Immunization Record

___ Upon receipt of this packet, you are giving Appletree/Melissa Hertzog (owner) permission to automatically withdraw the \$50 deposit and \$100 supplemental fee from your account. **Both are non-refundable.**

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

Appletree Academy Melissa Hertzog, Owner/Director 1800 SW 150 Highway Lee's Summit, MO 64082

(816) 377-6435 appletreeacademy01@gmail.com www.appletreeacademy.biz

Follow us on Facebook and Instagram

APPLETREE ACADEMY STUDENT INFORMATION TODAY'S DATE: _____

Primary Classes-Age 3 before August 1st & potty trained by the first day of class in September.

Primary Classes attend twice a week, 4 hours each day, and bring a lunch both days

Please check one choice below for a PRIMARY CLASS:

_____ PRIMARY MON-WED MORNING HOURS 9:00-1:00 \$210 PER MONTH

_____ PRIMARY TUE-THU MORNING HOURS 9:00-1:00 \$210 PER MONTH

Pre-K Classes- Age 4 before August 1st & potty trained by the first day of class in September.

Pre-K students attend three times a week, 4 hours each day, and bring a lunch all 3 (or 5) days.

Please check one choice below for a PRE-K CLASS:

_____ PRE-K MON-WED-FRI MORNING HOURS 9:00-1:00 \$265 PER MONTH (3 days)

_____ PRE-K TUE-THU-FRI MORNING HOURS 9:00-1:00 \$265 PER MONTH (3 days)

_____ PRE-K MON-TUE-WED-THU-FRI MORNING HOURS 9:00-1:00 \$475 PER MONTH (5 days)

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

HOME ADDRESS _____ CITY _____ ZIP CODE _____

MOTHERS FIRST & LAST NAME _____ MOTHER'S CELL _____

FATHERS FIRST & LAST NAME _____ FATHER'S CELL _____

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 _____

IS SOMEONE OTHER THAN MOM OR DAD PROVIDING TRANSPORTATION ON A REGULAR

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

NAME _____ RELATION _____ CELL _____

NAME _____ RELATION _____ 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? _____

FIRST EMAIL ADDRESS _____

SECOND EMAIL ADDRESS _____

HOW DID YOU HEAR ABOUT APPLETREE? _____

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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)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF CHILD CARE
CHILD ENROLLMENT FOR LICENSE-EXEMPT FACILITIES

SAVE
PRINT
RESET

CHILD'S NAME	BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)	

IDENTIFYING INFORMATION

A) MOTHER'S NAME	HOME TELEPHONE NUMBER ()
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
EMPLOYED BY	HOURS OF EMPLOYMENT FROM TO
ADDRESS (STREET, CITY, STATE, ZIP CODE)	BUSINESS TELEPHONE NUMBER ()
B) FATHER'S NAME	HOME TELEPHONE NUMBER ()
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
EMPLOYED BY	HOURS OF EMPLOYMENT FROM TO
ADDRESS (STREET, CITY, STATE, ZIP CODE)	BUSINESS TELEPHONE NUMBER ()

EMERGENCY CONTACT(S) (OTHER THAN PARENT(S) OR DOCTOR)

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

PERSON(S) AUTHORIZED TO TAKE CHILD FROM THE CHILD CARE FACILITY

NAME	NAME
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PLEASE COMPLETE BACK.

TO BE COMPLETED BY CHILD CARE FACILITY

ADMISSION DATE
DISCHARGE DATE

FORM TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE.

FILING: FILE FORM IN CHILD'S INDIVIDUAL RECORD.

CHILD'S NAME

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 appletreeacademy01@gmail.com

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 _____

