



54 South Ridgewood Ave.,
Ormond Beach FL. 32174
(386) 671-7771
www.treehousepreschool.net
License# C07V00515

Security code: _____

VOLUNTARY PRE-K REGISTRATION PACKET

(Kindergarden Prep Class)

Child's Name: _____ Date of Birth: _____ Date of Enrollment: _____

Main Phone #: _____ Child's Address: _____

Primary Hours of Care: From _____ To _____ Days of Care: M T W R F

Meals While In Care: Breakfast AM Snack Lunch PM Snack Supper

FATHER/GUARDIAN INFORMATION:

Name: _____

Relationship to Child: _____

Cell Phone #: _____

Email: _____

Employer: _____

Work Phone: _____

MOTHER/ GUARDIAN INFORMATION:

Name: _____

Relationship to Child: _____

Cell Phone #: _____

Email: _____

Employer: _____

Work Phone: _____

Emergency Contact Information: *(Other than a parent or guardian, in case of emergency please call:)*

Name: _____ Phone #: _____

Medical Information: *(NOTE: This Facility DOES NOT dispense medication.)*

List of Allergies: _____

List of Medications: _____

Hospital Preference: _____

Authorization To Pick Up: *(The following individuals are allowed to pick up my child in my absence:)*

Name of Proxy: _____ Relationship: _____ Phone #: _____

Name of Proxy: _____ Relationship: _____ Phone #: _____

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Name of Proxy: _____ Relationship: _____ Phone #: _____

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Section 65C-22-006(2), F.A.C. requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 10 days of enrollment. (Parent initials_____)

Your signature below indicates that you have received the “know your child care center” brochure and a letter of the disciplinary procedure followed at Treehouse Learning Center and that information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to access my child’s records.

Parent Signature:_____ Date:_____

