

Security code: \_\_\_\_\_

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



## PRESCHOOL REGISTRATION PACKET

(2 Year Old - 4 Year Old)

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 #: \_\_\_\_\_

Name of Proxy: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Proxy: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Proxy: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Proxy: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Proxy: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Proxy: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**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: \_\_\_\_\_

