

(For office use only)

Class _____

Date rec'd _____

Amount rec'd _____

The Learning Tree 2024-2025

Program requested: (Threes and fours must be potty trained)

Twos _____ Threes _____ Fours _____

Child's Name _____ DOB _____

Gender _____ Age on Sept. 1 _____ Potty trained? _____

Child's address _____
Street name & number _____ City _____ ZIP _____

Phone number _____ email _____

Mother's Name _____ (c) _____ (w) _____ employer _____

Father's Name _____ (c) _____ (w) _____ employer _____

Brothers and Sisters (names and ages) _____

Please list the person(s) to be called after the parents in case of any emergency:

Name _____ Relationship _____ Phone number(s) _____

Name _____ Relationship _____ Phone number(s) _____

Safety Provision: Please list persons approved to pick up your child. Your child will not be released to others without specific permission from a parent.

Please list any medical problems, conditions, allergies, or foods that are restricted from your child's diet.

Parent and Guardian Authorization and release from medical and related treatment bill

In the event of an extreme emergency, the staff will see that your child is taken to the emergency room of the Muskogee Regional Medical Center. No medical care will be given without authorization of parents, unless it is deemed life threatening. The doctor "on call" will be the examining physician. I hereby authorize The Learning Tree and its agents to provide delivery for my child to MRMC as emergency treatment appears necessary for which the undersigned parents, agree to be responsible for and hold harmless The Learning Tree.

Mother's Signature _____ Father's Signature _____

Family Doctor's Name _____ Phone _____

Is this your child's first separation from home? _____ If not, has your child had any kind of group experience before? _____ If yes, please describe _____.

Does your child make new friends easily? _____ Is your child used to playing with others? _____

Does your child have any particular fears or anxieties? _____

Do you have concerns, comments, or specific instructions pertaining to your child that you would like to share?

PLEASE CHECK ALL THAT APPLY: (Skills vary according to age)

Shows curiosity, interest, & need to investigate/explore anything new _____
Asks questions _____ Identifies common sounds _____ Can pair objects _____
Engages in simple conversation _____ Listens to short stories and simple poems _____
Can follow 2 directions _____ Names concrete objects in environment _____
Points to and names body parts _____ Tells own full name, sex, and age _____
Sorts objects into two given categories _____ Knows alphabet verbally _____
Recognizes alphabet letters _____ Can count to _____ Can recognize numbers _____
Knows shapes- circle ___ square ___ rectangle ___ triangle ___ heart ___ star ___
Knows colors _____ Catches a large ball from 5-8 ft. _____ Rolls a ball to a target _____
Walks forward /backward _____ Moves body in response to simple commands _____
Uses scissors but not necessarily follows lines _____ Holds crayon or pencil with fingers rather than fist _____

Favorite foods _____

Will not eat foods _____

Rewards/Consequences used at home _____

Use 5 words to describe your child (ie... quiet, energetic, shy, strong willed, cheerful, defiant)