

For Office Use Only

Date admitted: _____
Admitted to grade: _____
Registration: _____
Seat fee: _____
One-time fee: _____
Immunization: _____
Date withdrawn: _____



*Picture
Of
Child*

Student Application

DATE: _____

Sex: Male [] Female []

Child's name: _____

Birthday: _____ Present age: _____
Month / day / year

Name of the person the child lives with: _____

Mother's name: _____

P.O. Box: _____ Home telephone: _____

Street Address: _____

Place of employment: _____ Email address: _____

Work telephone: _____ Cell phone: _____

Father's name: _____

P.O. Box: _____ Home telephone: _____

Street Address: _____

Place of employment: _____ Email address: _____

Work telephone: _____ Cell phone: _____

Name of alternative contact: _____

Relationship to child: _____ Home telephone: _____

Place of employment: _____

Work telephone: _____ Cell phone: _____

Return this completed application along with the following:

1. A recent photo of the child
2. A copy of the child's birth certificate / passport
3. \$100 registration fee (non-refundable/ one-time fee)
4. \$100 seat fee (non-refundable/yearly)
5. A completed medical examination report (attached)
6. A copy of the child's immunization record
7. A signed childcare agreement form (attached)
8. \$25 Accidental Insurance (yearly)
9. A Government Issue ID of Parent/s

Persons Authorized to Pick-Up

Please list the names of persons authorized by the parents to pick up the child from school. Your child will not be released to anyone other than those on this list unless we receive direct permission from you.

Prospective school?

Email Communication

The Learning Tree will send all letters, announcements and other communication from the school to you via WhatsApp. Please save the school's number to your contacts 455-5848. Please provide the names and telephone number of those parents and guardians who should receive announcements from the school.

***** At least one email address must accompany ALL Applications*****

PLEASE PRINT NEATLY & CLEARLY

Name	Telephone Number	Email Address
Name	Telephone Number	Email Address
Name	Telephone Number	Email Address
Name	Telephone Number	Email Address

It is VERY important that parents check their Whatsapp daily (455-5848). The Learning Tree will send ALL updates, notifications, letters, and important school announcements by Whatsapp.



2025/2026 Child Care Agreement

The following agreement is made between:
The Learning Tree Developmental Centre
#47 Montrose Ave. Nassau, Bahamas and

Parent's name: _____

Address: _____ Ph. _____

For the provision of child care for: Child's name: _____

The terms of the agreement are as follows:

Term Fees Due dates:

- **Friday, July 11th, 2025**
- **Friday, 21st November, 2025**
- **Friday, March 6th, 2026**

Days & hours of Care:

Monday to Friday: 7:30 am to 3:00 pm

FEES: Fees for Care: \$ 1,000.00 per 12 wk. term

Special needs fee: \$100.00 per term

Fees are due and are to be paid by the TERM directly to the bank in advance according to the payment schedule (above). **ALL fees paid to The Learning Tree Developmental Centre are non-refundable**

Fees which are not paid by the due date are subject to a late fee of \$10 per week.

Parents may choose to make a financial agreement at the school if they are not able to pay the fees according to the term fee schedule.

Financial arrangements MUST be requested BEFORE THE FEE DUE DATE!

Graduation Fee: \$200.00 (One-time Fee, paid in January)

Annual Capital Development, Books, and Supplies:

Toddlers/K2 - \$320.00

K3 - \$340.00

K4 - \$370.00

K5 - \$420.00

Paid once at the beginning of the year

The Parent agrees to abide by all of the policies in the parent hand book and school brochure. The parents should supply these items: A nap mat & a towel for naptime, uniforms, extra snacks & lunch if not purchased from the school], an extra change of clothing, and classroom supplies listed in the parent handbook.

The school agrees to inform parents, in writing, of increases in fees, changes in policy, & unscheduled Centre closings that are not already on the school calendar. Notification will be given by the parent for vacation periods or extended absentee days during the school year.

The School fee is payable whether the child does or does not attend School. There will be NO DISCOUNTS or REFUNDS of fees for Vacations, Sickness or Holidays or if a child is absent or removed from the school. The Learning Tree is not obligated to hold a child's seat after twenty (20) unpaid absentee days by the child.

AFTERSCHOOL CARE: Students who are not picked up by 3:30 PM will be transferred to the afterschool care program. The fee for this service must be paid to the teachers when the child is collected from school.

(Signature of Parent)

(Signature of Director)

(Date)

This physical examination must be completed by your child's doctor or a medical clinic upon registration. Please have ALL sections completed and submitted with the application.



Date: _____
Medical Examination

IMMUNIZATION RECORD MUST BE ATTACHED

Child's Name: _____ Age: _____ Sex: Male ☐ Female ☐
Date of Birth: _____ Telephone: _____
Mother's Name: _____ Father's Name: _____

This section must be completed by a physician:

PHYSICAL EXAMINATION: Height _____ Weight _____

Please describe the child's physical condition / health history: _____

Does the child have any allergies? _____

Does the child use any medications to control Asthma or an Asthmatic cough or wheezing?

Does the child have any behavioral / developmental conditions, learning delays or sickness?

Do you consider this child fit to take part in activities at a child care center? _____

Signature of Physician _____ Date: _____

Print Physician's Name: _____ Phone: _____

Address: _____

Stamp:



Permission Slip

I hereby give permission for my child _____ to participate in activities which may occur off The Learning Tree campus such as field trips and practices for school shows. I give permission for The Learning Tree Developmental Centre to take my child off campus for field trips, practice or any other school related activity.

I understand that I will be notified one week prior to the field trip and I reserve the right to decline my child's attendance. I also give permission for my child to participate in indoor and outdoor activities at The Learning Tree Developmental Centre.

I am aware of, and assume all risks and hazards associated with activities while at school including transportation to and from field trips, playing on the playground and in the classrooms and do hereby waive, release and agree to hold harmless The Learning Tree and its staff, volunteers, and sponsors for any claims arising out of injury to my child or property damage that might occur.

The Learning Tree has permission to take my child to a physician / hospital to receive emergency treatment during the school year.

I understand that the school will contact me as to the location of the emergency treatment. Also, I agree that any photographs taken by The Learning Tree may be used for advertisement purposes on brochures and other literature distributed by The Learning Tree, and on its website.

Parent's signature: _____

Date: _____