

Singing Tree Enrollment Form

Today's Date: _____ Child's Birthdate: _____

Child's Age at the start of the Singing Tree program year (September) _____

Child's Full Legal Name: _____

Child's Preferred Name (or nickname): _____

Child's Pronouns: _____ (ex. She/Hers, He/Him, They/Them)

Family's Home Address: _____

Parent(s)/Guardian(s) Name(s):

Parent(s)/Guardian(s) Pronouns (ex. She/Hers, He/Him, They/Them):

Parent(s)/Guardian(s):

___ Home Phone Number: _____

___ Cell Phone Number(s): _____

___ Work Phone Number(s): _____

**** Please *STAR* the number(s) where you can best be reached during the program hours in case of emergency ****

Parent(s)/Guardian(s) email(s) _____

If child has 2 family households:

Family's Home Address: _____

Parent(s)/Guardian(s) Name(s):

Parent(s)/Guardian(s) Pronouns (ex. She/Hers, He/Him, They/Them):

Parent(s)/Guardian(s):

___ Home Phone Number: _____

___ Cell Phone Number(s): _____

___ Work Phone Number(s): _____

**** Please *STAR* the number(s) where you can best be reached during the program hours in case of emergency ****

Parent(s)/Guardian(s) email(s) _____

About Your Child

What are your Child's strengths and special interests?

What are your child's preferences and/or dislikes?

What type of personality or temperament does your child have? Would you describe them as extroverted or introverted?

What are successful self-regulation techniques your child already uses and/or how do you currently comfort/calm your child?

How has your child handled previous separation from parent(s)/guardian(s) (ex. any separation anxiety)? Or, have they never been separated from parent(s)/guardian(s)?

Are there any areas where your child may need extra assistance?

Do you have any health concerns for your child?

Does your child have any food or environmental allergies?

Any other important information that would be helpful for me to know about how to set your child up for success:

Please tell me a little about your family. This question is optional, and only share what you are comfortable sharing. It is important to me that I represent and "mirror" all attending families as best as I can through picture books etc., so please feel invited to tell me a little about your family dynamics, "Parenting" adults, siblings, beloved pets, family culture, holidays or traditions that are important to your family, etc.

Singing Tree Emergency Contacts & Medical Release

In case of an emergency, the parent/guardian will be contacted first. If parent/guardian cannot be reached, who is authorized to pick-up and/or be contacted in case of an emergency?

1. Name: _____

Phone Number: _____

2. Name: _____

Phone Number: _____

I understand that in the case of serious injury or emergency 911 will be called and my child, _____ (child's name), will be transported to the local emergency department via emergency transport. If I cannot be contacted, I authorize appropriate treatment measures be administered in my absence. I have listed my contact numbers in order of most reachable above.

Child's Full Legal Name: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Child's Physician Name: _____

Physician's Phone Number: _____

* Is your child allergic to any medication? ____Yes ____No

If yes, please explain: _____

* Does your child have any food allergies? ____Yes ____No

If yes, please explain: _____

Should 911 be contacted immediately if exposed (severe allergy)? ____Yes ____No

Singing Tree Release of Child

What will be the typical pick up plan I should expect?

Other than parent(s)/guardian(s), who may pick-up your child after school on a regular basis (Ex. Grandparent/s, Nanny, Family Friend, etc.)? Leave this section blank if this does not apply. Please update me if this changes. Please indicate on the daily sign-in sheet if someone other than those listed on this form will picking up your child on a particular day.

1. Name: _____

Phone # _____

Relationship to Child/Family: _____

2. Name: _____

Phone # _____

Relationship to Child/Family: _____

3. Name: _____

Phone # _____

Relationship to Child/Family: _____

* Is there anyone who explicitly DOES NOT have permission to ever pick-up your child from Singing Tree? (Ex. Due to Court Order, Complicated divorce, etc.)

Name: _____

Relationship to Child: _____

Reason: _____

Singing Tree Tuition Agreement

Enrollment at Singing Tree is based on the September through June program year. Once enrollment is complete for your child, 45 days written notice is required to withdraw from the program or to change enrollment days. Tuition for this 45 day period is due immediately with written notice if withdrawing from program. I will bill for 45 days tuition in the case of no notice. This policy also applies to reducing the number of days enrolled. Once your child is enrolled, your child's place is reserved solely for your child. Prorating is not offered since I am not able to fill spaces at the last minute. In general, Singing Tree will follow the Port Townsend School District Schedule. Some months will have more sessions than others. Tuition is the same (equal payment amounts) for all 10 months and is due on the 25th day of the previous month. Tuition will be considered late if received after the 1st day of the month, and a late fee of \$50 will be charged in addition. Checks returned for insufficient funds carry a \$50 returned check fee in addition. An enrollment fee, and a supply fee is required in order to reserve your child's space. These fees are nonrefundable. My child, _____ (child's name), will attend _____ (# of days) at Singing Tree. My monthly financial responsibility for tuition is \$ _____, based on the current tuition rates. By signing below, I acknowledge and accept full financial responsibility for the participation of my child in the Singing Tree program, and I have read and agree to the policies and procedures outlined in the family handbook. I understand that the policies and procedures are in place to provide a safe and harmonious environment for my child and the other children. If I do not understand any section of the family handbook I will ask facilitator to clarify before signing.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

Singing Tree Photo Release Form

(If you DO NOT give permission, please leave this form blank)

I give permission to Singing Tree and Mirandy Cook to photograph my child. These photos may be used for school-related activities (art projects for example), emailed to corresponding families for a glimpse into their child's day, and/or used in Singing Tree marketing materials and website. If a photo taken will be used outside of Singing Tree purposes (newspaper for example) I will always contact the caregiver for consent prior to sharing photos.

Child's Name: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

Singing Tree Authorization, Release, and Waiver of Liability Agreement

I, _____ (parent's name) realize that my child _____ (child's name), while attending Singing Tree, will be supervised by Mirandy Cook. I understand that Singing Tree has attempted to create an injury free play area for my child; however, I acknowledge that young children may get hurt while playing with other children and while engaging in physical/play activities, and that there is a risk of property damage, serious injury, or death inherent in my child participating in preschool activities and Singing Tree's program. I also understand that there are risks inherent in any physical activity program, including the use of playground equipment such as those provided for use at Singing Tree, which may or may not be obvious and which may pose serious threats to any person if used improperly. In the event my child becomes injured while attending Singing Tree, I hereby consent Mirandy Cook to provide general First Aid and/or summoning medical professionals to administer First Aid or emergency medical treatment for my child. I understand that every child is in a unique developmental stage and that I am most familiar with my child's capabilities and limitations. As such, I agree to discuss any concerns with Singing Tree/Mirandy Cook, that I have about my child which I think may affect my child's ability to safely participate in any activities or to use any equipment. I agree not to hold Singing Tree/Mirandy Cook responsible for any injuries suffered by my child while involved in activities. I agree to hold harmless, waive, release, indemnify, defend, and discharge Singing Tree/Mirandy Cook from all liability and claims arising from my family and my child's participation in the activities of Singing Tree.

Parent's Name (Print): _____

Parent's Signature: _____

Child's Full Name: _____

Date: _____

Singing Tree Food, Herbs, & Flowers Permission Slip

A few times during the Singing Tree program year, children may have the opportunity to explore certain food ingredients through art and simple cooking and then possibly eating our creations. These activities include making homemade applesauce (with cinnamon and organic apples picked from my own trees), painting with wild harvested blackberries, and around Thanksgiving time, sharing an organic vegetarian vegetable soup together.

We will also be exploring and playing with many common (generally child-safe/edible) herbs and flowers throughout the school year. These may include mint, oregano, rosemary, basil, thyme, calendula, daisies, chive, parsley, lemon balm, lavender, sage, rose, dill, pansies, dandelions, sunflowers, and nasturtium. I grow these organically in my personal garden at home, and bring them in both fresh and dried, for the children to explore. Please let me know if your child has any sensitivities or allergies to any of these herbs and flowers (or any herbs/plants/spices in general). We will be smelling, touching, observing, mixing in play-dough, and crushing these with mortar and pestles (and some children may taste, which is why I always choose edible varieties). If there are any herbs or flowers that your child has a sensitivity to, I will not bring these in or limit them from your child as much as possible. Please choose one option:

YES, I give permission for _____ (child's name) to participate in exploring, playing with, and possibly eating: Apples, Cinnamon, Blackberries, and Vegetarian Vegetable Soup (made with various organic vegetables, spices/seasoning, olive oil; NO meat, NO nuts, NO dairy, NO gluten in soup), Herbs and Flowers (mint, oregano, rosemary, basil, thyme, calendula, daisies, chive, parsley, lemon balm, lavender, sage, rose, dill, pansies, dandelions, sunflowers, and nasturtium) at Singing Tree. If there is anything specific that must be avoided, please list items below.

Parent's Signature: _____

*** Any specific ingredients/herbs/flowers of concern that should be avoided? ***

OR

NO, I DO NOT give _____ (child's name) permission to participate in exploring and possibly eating ANY of the above foods, herbs, and flowers listed.

Parent's Signature: _____

Singing Tree Family Contact List

I will compile a Singing Tree Family Contact List to share with other enrolled families who are interested in participating. I will only share the information that you provide on this form. I will not add your family's information to the list should you decide to not participate. If you are interested in participating, please complete this form. If you are not interested, please leave this form blank. This is completely optional, and is only intended to benefit connections with other families. I respectfully request that the family contact list information is only to be used for connecting with other Singing Tree families (ex. arranging play dates), and not to be shared outside of the Singing Tree community for any other purposes. Please respect everyone's privacy and information. Thank you.

Child's Name: _____

Parent(s) Name(s): _____

Phone Number : _____

And/Or

E-mail address: _____