

The Learning Tree, Inc.  
Program Enrollment Application

**Student Information**

Student Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Address \_\_\_\_\_ Zipcode \_\_\_\_\_ Ward \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_  
School \_\_\_\_\_ Current Grade \_\_\_ Teacher \_\_\_\_\_

**Parent/Guardian Information**

Mother's Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

**Persons authorized to pick up student**

1. \_\_\_\_\_ Relationship \_\_\_\_\_  
2. \_\_\_\_\_ Relationship \_\_\_\_\_  
3. \_\_\_\_\_ Relationship \_\_\_\_\_  
4. \_\_\_\_\_ Relationship \_\_\_\_\_

## Health Survey

(To be completed by Parent/Guardian)

If student is diagnosed with any of the following conditions, please check all that apply and provide details in the space provided below if necessary.

- Asthma
- Seizures
- Diabetes
- Epilepsy
- Hearing Impairment
- Heart Condition
- Visual Impairment
- Food Allergies
- Environmental Allergies
- Plant/Animal Allergies
- Insect Bite Allergies
- Behavioral Issues
- Emotional Challenges
- Physical Challenges

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Does student use or carry either?      Inhaler \_\_\_\_\_ Epipen \_\_\_\_\_

Does student wear a corrective device?      Glasses \_\_\_\_\_ Hearing Aid \_\_\_\_\_

### **Doctor/Medical Provider Information**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_