THE LEARNING TREE

BEFORE & AFTER
SCHOOL CARE PROGRAM

661.252.6385

Admissions Agreement

I (We) hereby enroll _____ (Child's Name)

- I hereby grant permission for my child to use all the play equipment and participate in all activities of the center.

- I hereby grant permission for my child to leave the Center premises under the supervision of a staff member for a field trip in an authorized vehicle.

- I am the parent or legal guardian of the above-named child and agree to pay the required tuition in full when due and payable. (Refer to the fee agreement page)

- All fees are payable in advance. There are no refunds or adjustments due to absences, holidays or withdrawals. (Refer to the fee agreement page)

- It is understood that a parent conference will be required to determine if the child can benefit from the center and the final decision on entrance or termination rests on the center.

- I understand that the following forms will be submitted prior to entry.

  - Identification and Emergency Information (LIC 700)
  - Child's Pre-admission Health History - Parents Report (LIC 702)
  - Notification of Parent's Rights (LIC 995)
  - Personal Rights (LIC 613A)
  - Consent for Medical Treatment (LIC 627)
  - Admission Agreement
  - Fee Agreement
  - Child Emergency Information
  - Media Authorization Form

- We require two weeks' notice when you decide to remove your child from our program.

- Only Authorized persons will be allowed to pick up your child from the Center. We will not permit any other person to pick up your child.

- Dress your Child in comfortable clothes and shoes for daily activities and appropriate to the current climate.

- Children should not be brought to school when ill or with a temperature.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

THE LEARNING TREE

BEFORE & AFTER
SCHOOL CARE PROGRAM

661.252.6385

Media Release Authorization

As part of our program, The Learning Tree may take photographs and videos of students during regular activities, special events, and field trips. These images may be used for educational, promotional, and marketing purposes, including but not limited to:

- Our official website
- Social media platforms
- Printed materials and flyers
- Internal newsletters and classroom displays

By enrolling your child in our program, you authorize The LEARNING TREE to photograph and/or record video of you/your child and to use these images or recordings for the purposes listed above without compensation. Children will never be identified by full name unless additional written consent is provided.

If you do not wish for your child's image to be used for these purposes, please submit a written opt-out request to the program director.

Security Cameras

For the safety and security of our students, staff, and visitors, The LEARNING TREE facilities are equipped with video surveillance systems. These cameras are used to monitor and record activity in common areas such as entrances, hallways, classrooms, and playgrounds.

By being on the premises, you acknowledge and consent to the recording of video and audio. These recordings are strictly for internal use and security purposes and may be reviewed only by authorized personnel.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

THE LEARNING TREE
BEFORE & AFTER
SCHOOL CARE PROGRAM
661.252.6385

Fee Agreement Schedule

Name of Child _____

will be attending LEARNING TREE

Days per week from _____ a.m. to _____ p.m.

The fee for this amount of time will be:

$ _____ Monthly

$ _____ Weekly

Parents are responsible for paying any difference between our tuition and their subsidy coverage.

Payment is due regardless of absence due to personal illness, school holiday or parental vacations.

ACCEPTANCE OF POLICIES AND PROCEDURES

I (we) have received and read the Parental Handbook and fully understand the terms as stated therein and hereby enroll my (our) child in the session listed above.
My (our) child will attend LEARNING TREE on the schedule and at the tuition rate indicated above.

I have read and understand these policies:

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Name: _____ Date: _____

Home address: _____

City: State: Zip:

_____ _____ _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____