

**Application for Admission**  
**Please Return Completed Application and Registration Fee To:**  
**The Giving Tree Preschool**  
**9601 Hull Street Road**  
**North Chesterfield, VA 23236**  
**(804) 276-8194**

Child's Name \_\_\_\_\_ Nick Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Child's Age \_\_\_\_\_ Sex of Child \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Custodial Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employment Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employment Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Person(s) or Agency Having Legal Custody \_\_\_\_\_

Previous Child Care Programs and Schools Attended \_\_\_\_\_

Other Schools or Programs Currently Attending \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital preferred in case of emergency \_\_\_\_\_

Please List Below All Allergies or Intolerance to Food, Medication, etc. and Action to Take in Emergency:

\_\_\_\_\_

Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed:

\_\_\_\_\_

Please furnish two emergency contacts in case parents cannot be reached:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Persons Authorized to Pick Up \_\_\_\_\_

Persons Not Authorized to Pick Up (Legal Court Orders Must be Provided) \_\_\_\_\_

(over)

Class Preference:

___ 2 - Year Olds (Tuesday and Thursday)	\$170.00 per month	<u>Note:Child must be two by Sept. 30<sup>th</sup> enrollment year</u>
___ 3 - Year Olds (Tuesday thru Thursday)	\$200.00 per month	<u>Note:Child must be three by Sept. 30<sup>th</sup> enrollment year</u>
___ 4 - Year Olds (Monday thru Thursday)	\$225.00 per month	<u>Note:Child must be four by Sept. 30<sup>th</sup> enrollment year</u>
___ Pre-K (Monday thru Thursday) (Wed. Extended 1 ½ hrs)	\$250.00 per month	<u>Note:Child must be four by Sept. 30<sup>th</sup> enrollment year</u>

**A \$85.00 non-refundable registration fee must accompany this enrollment agreement. The registration fee for a second child in the family is \$50.00.**

Does your child have any brothers or sisters? Names and ages: \_\_\_\_\_

Comments by parents that may be helpful to us in working with your child. \_\_\_\_\_

The Giving Tree preschool agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian (or person designated below) agrees to pick up the child thereafter as soon as possible.

\_\_\_\_\_  
Parent's or Guardian's Signature \_\_\_\_\_  
Date

The parent or guardian authorizes The Giving Tree Preschool to obtain immediate medical care if an emergency occurs when he/she cannot be reached:

\_\_\_\_\_  
Parent's or Guardian's Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director's Signature \_\_\_\_\_  
Date

Date Child Entered Program \_\_\_\_\_ Last Date of Attendance \_\_\_\_\_

OFFICE USE ONLY  
IDENTITY VERIFICATION

_____	_____	_____	_____
Place of Birth	Birth Date	Birth Certificate Number	Date Issued

\_\_\_\_\_  
Other form of Proof

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency, record from public school in Virginia, or certification by a principle or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented. Viewing the child's proof of identity is not necessary when the child attends public school in Virginia and the center assumes responsibility for the child directly from the school (i.e. before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.