

# The Lemon Tree Application for Enrollment

## Child's Information:

\_\_\_\_\_ Date of application

Name of child: \_\_\_\_\_  
Last First Middle

Child's age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month/Day/Year

## Parent or Guardian Information:

Mother's name: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Street  
\_\_\_\_\_ Work phone: \_\_\_\_\_  
City State Zip Cell phone: \_\_\_\_\_

Father's name: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Street  
\_\_\_\_\_ Work phone: \_\_\_\_\_  
City State Zip Cell phone: \_\_\_\_\_

## Tuition and Class Times:

_____	8:30-11:30 a.m.	Tues. & Thurs.	\$155.00
_____	12:00-3:00 p.m.	Tues. & Thurs.	\$155.00
_____	8:30-11:30 a.m.	Mon. Wed. & Fri.	\$220.00
_____	12:00-3:00 p.m.	Mon. Wed. & Fri.	\$220.00
_____	8:30-11:30 a.m.	Monday-Friday	\$325.00
_____	12:00-3:00 p.m.	Monday-Friday	\$325.00

## Payment Total:

Tuition: \_\_\_\_\_  
Registration Fee: \_\_\_\_\_  
Deposit: \_\_\_\_\_  
Supply Fee: \_\_\_\_\_  
Total: \_\_\_\_\_

## The Lemon Tree Parental Agreement Form

Agree

Disagree

- |       |       |  |
|-------|-------|--|
| _____ | _____ | 1. Permission is granted to school staff to take my child for medical attention in a medical emergency.  |
| _____ | _____ | 2. My child may go with his/her class and teachers for neighborhood walks.   |
| _____ | _____ | 3. I give the school permission to release information from my child's file to a physician or a referral source, and to obtain information from my physician or other professional sources. I understand I will be advised before such contact is made and this information will be kept in strict confidence. |
| _____ | _____ | 4. I agree not to bring my child to school if any fever, skin rash, or contagious infection is present and until it has been cleared up at the staff or doctor's approval.   |
| _____ | _____ | 5. If photographs, films, or videotapes are taken at the school, I give permission for my child to be included in them and for them to be released for publication or viewing.   |
| _____ | _____ | 6. I give permission for my name, address, and phone number to be printed on the school phone lists, which will be distributed to the Lemon Tree families only.  |

\_\_\_\_\_  
Name of child

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## Tuition Policies & Late Fees

I understand that:

1. Tuition is due on the 1<sup>st</sup> day of every month and considered late after the 5<sup>th</sup> day of the month. A late fee of \$10.00 will be charged and due immediately.
2. It is my responsibility to make timely tuition payments.
3. The financial obligations of the school are in no way lessened by the absence of my child and I will be required to pay for tuition even when my child is ill or is on vacation.
4. There will be no prorating on tuition for winter break, spring break, or in-service days. Tuition is based on a yearly amount, not a monthly amount.
5. My child may not be allowed to attend school if my tuition becomes delinquent.
6. All withdrawals from the preschool program require that notification please be done in writing to the school at least 30 days prior to my child's last day. If not my deposit will be forfeited.
7. If I am 10 minutes late picking up my child I will pay a fee of \$10.00 for the first ten minutes and a dollar a minute thereafter. Payment will be due when I pick up my child.

---

Parent signature

---

Date

## Child History Form

Child's name: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Child's nickname \_\_\_\_\_

Siblings of Child \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_

Other Persons living in the home: \_\_\_\_\_  
Relationship: \_\_\_\_\_

If your child is adopted, a foster child, or a step child, or parents are divorced, please provide any information regarding the child's past history or custody arrangements that will be helpful to the staff.

\_\_\_\_\_  
\_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

What is your child's usual bedtime? \_\_\_\_\_ Wake time? \_\_\_\_\_ Naptime? \_\_\_\_\_

Food allergies: \_\_\_\_\_

Food preferences or dislikes: \_\_\_\_\_

Can your child toilet independently? \_\_\_\_\_

Describe your child's verbal ability: \_\_\_\_\_

\_\_\_\_\_

Does your child have any strong fears or concerns? \_\_\_\_\_

\_\_\_\_\_

-continued-

When you need to discipline your child, what do you usually do and what is your child's reaction to that discipline? \_\_\_\_\_

\_\_\_\_\_

What areas do you feel your child excels in? \_\_\_\_\_

\_\_\_\_\_

What skills would you like your child to improve or develop? \_\_\_\_\_

\_\_\_\_\_

Describe your child's play habits. Does your child enjoy playing alone? Outdoor? Indoor? \_\_\_\_\_

\_\_\_\_\_

What are your family traditions? \_\_\_\_\_

\_\_\_\_\_

\* Please list any long term medications on your child's Emergency Card. If any health concerns occur after registration, please be prompt to notify the staff of any changes in your child's health.

## **Requirements for enrollment:**

- Application
- Current Physical
- Copy of current shot record
- Emergency Card
- Parental Agreement Form
- \$50.00 Registration Fee (new students only)
- Supply Fee (2 days-\$25, 3 days-\$30, 5 days-\$45)
- Deposit equal to one-months tuition (which will be applied to the last month of your child's attendance)

## School Supplies

The following is a list of items your child will need on their first day to preschool:

- Slippers or sandals for summer
- Backpack (with a full change of clothes)
- Snack (optional)
- Appropriate outdoor gear (we go outdoors everyday)

Winter- Coat, snowpants, boots, gloves, & hat

Spring- Rain gear (boots and raincoat)

Summer- Light jacket and comfortable shoes