



Referred By _____

Enrollment and Agreement Forms

Student Last Name		First Name		Middle Initial	Preferred Name		Sex (M/F)
Street Address (include apartment #, etc)			City		Zip Code	Telephone Number ()	
Date of Birth	Place of Birth		Child's Age	Shirt Size	Native Language		
Primary Contact Information Father's Last Name				Father's First Name			
Street Address (include apartment #, etc)			City		Zip Code	Telephone Number ()	
Father's Business Phone			Name of Company/Employer				
Father's Pager Number			Father's Cell Phone Number				
Mother's Last Name			Mother's First Name				
Street Address (include apartment #, etc)			City		Zip Code	Telephone Number ()	
Mother's Business Phone			Name of Company/Employer				
Mother's Pager Number			Mother's Cell Phone Number				
Father's E-Mail Address			Mother's E-Mail Address				
Father's Occupation			Mother's Occupation				
Child Resides With: If there are custody restrictions, please describe here and present legal documents for the students' file.						Ethnic Origin	
List Brothers and Sisters		Sex	Birth Date	If Student, Name of School			
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Emergency Contact Information (List names other than parents)				Relationship to Child	Daytime Telephone Number		
1.				Relationship to Child	Daytime Telephone Number		
2.				Relationship to Child	Daytime Telephone Number		
3.				Relationship to Child	Daytime Telephone Number		
Doctor's Name				Doctor's Telephone Number ()			
Dentist's Name				Dentist's Telephone Number ()			
Please list medical problems, allergies, or food restrictions, if any.				Please list medications your child takes regularly.			
Has student ever received any special education services? Yes No							

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Type of Service:			
Persons Authorized to Pick up Child Other Than Parent(s): May be asked for ID		Telephone Number ()	
1.		Telephone Number ()	
2.		Telephone Number ()	
3.		Telephone Number ()	
PARENT PERMISSION FOR FIELD TRIPS:			
Periodic fieldtrips may be taken in order to expand classroom learning. Parents/guardians will be notified in advance, with the details and any extra costs involved of each trip. <u>An additional signed permission slip will still be required for each trip.</u> Telephone permission cannot be accepted.			
We have permission to take your child _____ on these trips.			
<u>Parent/Guardian Signature</u>		<u>Witness Signature</u>	<u>Date</u>
PARENT PERMISSION FOR EMERGENCY EVACUATION:			
We regularly schedule and practice emergency drills as required by KDHE to maintain a safe environment for your child.			
In the case of a real emergency we have permission to evacuate the premises with your child _____.			
<u>Parent/Guardian Signature</u>		<u>Witness Signature</u>	<u>Date</u>
PARENT AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR:			
I/We _____, and _____, do hereby state that I am/we are the parent(s) or legal guardian(s) of _____, a minor, age _____, born on _____, who resides with me/us at _____.			
I/We, _____, and _____, do hereby authorize, for emergency purposes only, a designated employee of Honey Tree Academy LLC to transport the above minor by ambulance, and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision and the advice of any physician or surgeon licensed to practice medicine in the State of Kansas.			
Date of last Tetnus/Diphtheria Booster _____ Allergies to food or drugs _____			
Special medications or pertinent medical information _____			
Insurance Co.	Policy Number	Primary Insured	Hospital Preference
<u>Parent/Guardian Signature for Authorization</u>		<u>Witness Signature</u>	<u>Date</u>
<u>Parent/Guardian Signature for Authorization</u>		<u>Witness Signature</u>	<u>Date</u>
PARENT PERMISSION FOR CONSENT AND RELEASE:			
On occasions, your child may be photographed while at Honey Tree Academy. These photographs may be used by Honey Tree Academy LLC for programming purposes, marketing, advertising, public television, newspapers, magazines, electronic, or digital communication.			
I understand that Honey Tree Academy LLC has the right and permission to copyright, publish, or use photographs of my child _____ for any lawful purposes.			
<u>Parent/Guardian's Signature</u>		<u>Witness Signature</u>	<u>Date</u>
GENERAL INFORMATION ABOUT YOUR CHILD:			
Please describe any previous preschool or group situations your child has had.			

Describe your child's interactions with others.

List your child's favorite activities and interests.

Favorite foods	Foods your child does not like
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How does your child react to various situations?

Any known problems or concerns that we should be aware of?

With this enrollment form, I wish to enroll my child in the following:

HALF DAY PRESCHOOL/PREKINDERGARTEN:

_____ Morning 8:30 – 11:30 am
 _____ Afternoon 1:00 – 4:00 pm

ALL DAY PRESCHOOL/PREKINDERGARTEN:

_____ School Day 8:30 am – 4:00 pm
 _____ Extended Day 7:30 am – 5:30 pm

SUPPLEMENTAL PRE- KINDERGARTEN:

For Maize Pre-Kindergarten Students

_____ Morning 8:30 – 12:15 (bus pickup)
 _____ Afternoon (bus drop off) 12:15 – 4:00

BEFORE AFTER SCHOOL CARE:

_____ 7:30 – 8:30 am
 _____ 4:00 – 5:30 pm

ENROLLMENT DATE:

_____ - _____

FIRST DATE OF ATTENDANCE:

_____ - _____

REFERRED BY: _____

TUITION AND FEES:

_____ Nonrefundable Enrollment Fee - \$100
 _____ Summer Nonrefundable Enrollment Fee - \$50
 _____ **Summer Activity Fee - \$150**

ALL DAY TODDLER WEEKLY FEES:

_____ 5 Full Days – Monday – Friday - \$220
 _____ 3 Full Days - MWF- \$150
 _____ 2 Full Days – TTH - \$110

HALF DAY PRESCHOOL/PREKINDERGARTEN WEEKLY FEES:

_____ 5 Half Days - Monday- Friday - \$120
 _____ 3 Half Days - MWF- \$80
 _____ 2 Half Days - TTH - \$55

ALL DAY PRESCHOOL/PREKINDERGARTEN WEEKLY FEES:

_____ 5 Full Days – Monday – Friday - \$190
 _____ 3 Full Days - MWF- \$125
 _____ 2 Full Days – TTH - \$90

BEFORE AND AFTER SCHOOL WEEKLY FEES:

_____ \$10 for TTH students _____ \$15 for MWF students _____ \$20 for M-F students

INSERVICE DAYS (Space available basis only):
You will need to check with Academy Director prior to inservice days to verify space availability for the time your child is not normally in attendance.

_____ \$20 for additional half day

I certify that this information is true and correct. I have read and understand the policies and procedures outlined in the Parent Handbook, and agree to the policies. I understand that these policies may be revised during the school year, in the form of written parent communication. My non-refundable enrollment fee accompanies this agreement/enrollment form. I understand that my child may not begin attending Honey Tree Academy LLC until ALL paperwork has been completed and turned into the Academy Director, and ALL payments have been made.

<u>Relationship to Student</u>	<u>Name</u>	<u>Signature</u>	<u>Date</u>

Office Use Only:

Enrollment Fee _____ Enrollment Form _____ Parent Handbook Form _____ Health Assessment _____

First Week Fee _____ Hospital Emergency Form _____ Referral Fee _____