

SESSION: _____

Please visit our web site at
www.treeoflifenureseryschool.com

TREE OF LIFE
NURSERY SCHOOL & DAY CARE
40 Kings Park Road. Commack, New York 11725
Tel. (631) 543-1441

SCHOOL YEAR: _____

REGISTRATION FORM

ABOUT THE FAMILY

FAMILY NAME: _____ E-MAIL: _____
FATHER'S NAME _____ MOTHER'S NAME _____
HOME ADDRESS _____ TOWN _____ ZIP _____
HOME TELEPHONE # _____
FATHER'S PROF. _____ BUSINESS # _____
MOTHER'S PROF. _____ BUSINESS # _____
MOTHER'S CELL # _____ FATHER'S CELL# _____

EMERGENCY NAME & PHONE IN CASE PARENTS CANNOT BE REACHED.

NAME (1) _____ TEL # _____ RELATIONSHIP _____
NAME (2) _____ TEL # _____ RELATIONSHIP _____

ABOUT THE CHILD

PLEASE ENROLL MY CHILD IN:

AGE GROUP: _____

PROGRAM CODE: _____ **DAYS** _____ **HOURS** _____
(See Session Chart) (Days of Week) (From When to When)

CHILD'S LAST NAME _____ FIRST NAME _____
DATE OF BIRTH _____ SEX () Male () Female
CHILD'S DOCTOR _____ TEL # _____

PLEASE INDICATE ANY DEFICIENCIES OR ALLERGIES THAT THE CHILD MAY HAVE:

PLEASE LIST IN ORDER ALL OTHER CHILDREN IN FAMILY (SIBLINGS):

1. NAME _____ BIRTHDAY _____
2. NAME _____ BIRTHDAY _____
3. NAME _____ BIRTHDAY _____

RELIGION: FATHER'S _____ MOTHER'S _____ CHILD'S _____

AGREEMENT: I, THE UNDERSIGNED, HEREBY REGISTER MY CHILD AT TREE OF LIFE SCHOOL AND AGREE TO THE FOLLOWING PAYMENT SCHEDULE AND CONDITIONS:

1. \$ _____ PER MONTH FOR _____ MONTHS
2. IN CASE OF AN EMERGENCY AND I CANNOT BE REACHED, I HEREBY GIVE MY PERMISSION TO THE SCHOOL TO SEEK EMERGENCY MEDICAL TREATMENT FOR MY CHILD.
3. THE SCHOOL HAS MY PERMISSION TO TAKE MY CHILD ON SCHEDULED TRIPS. THIS FORM MAY BE USED AS MY CONSENT SLIP. (PARENTS WILL BE NOTIFIED BEFORE EACH TRIP).
4. A REGISTRATION FEE OF \$50.00 AND THE FIRST MONTHLY PAYMENT ARE DUE WITH THIS APPLICATION AND ARE NON-REFUNDABLE.
5. PAYMENT IS DUE THE **25TH OF EACH MONTH** FOR THE FOLLOWING MONTH. (SECOND PAYMENT DUE THE 25TH OF SEPTEMBER AND LAST PAYMENT MAY 25TH).
6. I UNDERSTAND THAT THERE WILL BE NO REFUNDS FOR WITHDRAWALS, ABSENCES, OR SCHOOL CLOSINGS.
7. A \$10.00 BILLING CHARGE WILL BE ADDED TO MY MONTHLY TUITION PAYMENT IF I MAKE PAYMENT LATER THAN THE FIRST OF EACH MONTH.
8. FOR EACH RETURNED/BOUNCED CHECK, I AGREE TO PAY THE BANK FEE OF \$50.00.
9. **OPTION: MY CHILD'S PICTURE MAY BE INCLUDED IN FUTURE ADVERTISING FOR THE SCHOOL INCLUDING NEWSPAPERS, WEB SITE & FLIERS.** () YES () NO Please Initial Here _____

PARENT'S SIGNATURE _____ DATE _____