



REGISTRATION FORM

Learning Tree Academy
9840 Grant Avenue
Manassas, Virginia 20110
703.369.6077
www.learningtree-academy.com

Child Information

First Name: _____ M.I. _____ Last Name: _____
Name child prefers to be called: _____
Child's Address: _____
Gender: Male Female Date of Birth: _____ Child's S.S. #: _____
First Date in Care: _____ Last Date in Care: _____

Parent/Guardian Information

Mother/Guardian

First Name: _____ M.I. _____ Last Name: _____
Address: _____
Occupation: _____ Home Phone: _____
Employed By: _____ Office Phone: _____
Work Address: _____ Cell Phone: _____
Mother's SS#: _____ Mother's DOB: _____
Custodial Parent (If married, mark both parents) Email: _____
Marital Status: Married Single Divorced Separated Widowed Other _____
The best way to contact MOM is: Home Phone Cell Phone Office Phone Email Text

Father/Guardian

First Name: _____ M.I. _____ Last Name: _____
Address: _____
Occupation: _____ Home Phone: _____
Employed By: _____ Office Phone: _____
Work Address: _____ Cell Phone: _____
Father's SS#: _____ Father's DOB: _____
Custodial Parent (If married, mark both parents) Email: _____
Marital Status: Married Single Divorced Separated Widowed Other _____
The best way to contact DAD is: Home Phone Cell Phone Office Phone Email Text

Medical Information

Pediatrician's Name: _____ Phone: _____
Address: _____
Allergies: _____
List any existing medical conditions, medication and/or special attention your child may require?

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____
Address: _____ Phone: _____
2nd Contact/Pick Up Name: _____ Phone: _____
Address: _____ Phone: _____
3rd Contact/Pick Up Name: _____ Phone: _____
Address: _____ Phone: _____

Tuition / Payment Information:

Please outline below who will be responsible for payment of tuition and fees. Please specify if split tuition will be necessary or if tuition is the responsibility of an adult other than the parents listed above.

Previous Daycare and/or School Attended: _____

We learned about this center or were referred by: _____

I understand and agree to the financial terms of this application. A two-week notice is required for withdrawal.

Parent Signature: _____ **Date:** _____