



**9840 Grant Avenue  
Manassas, VA 20110  
www.learningtree-academy.com  
703-369-6077**

Dear Friends:

Welcome! You are now part of the Learning Tree Academy Family. We would like to extend an open invitation for you to drop in often for informal visits. This will give us the opportunity to become acquainted with your entire family and will allow us to provide optimum learning opportunities for your child. Our doors are always open to you.

Informality is the keynote. We place great value on freedom to be ourselves for children and adults alike. We offer a relaxed and casual setting geared to the needs and interests of each child and each parent who is part of our school. We strive to take into consideration individual differences, special abilities, as well as, family and cultural patterns.

We will have special days for family activities, but do not wait for invitations. Visit us often even if it is only for a short while. Be certain that Learning Tree Academy is the best place for your child because you have been here and seen it firsthand.

We thank you for allowing us to partner with you in providing care, love and nurturing for your developing child. We look forward to the school year ahead.

Sincerely,  
The Director and Staff

## ENROLLMENT CHECKLIST

### REQUIRED ENTRANCE FORMS:

\_\_\_\_ REGISTRATION FORM

\_\_\_\_ PHYSICAL AND IMMUNIZATION RECORD (Health Form)

\_\_\_\_ COPY OF BIRTH CERTIFICATE

\_\_\_\_ STUDENT PACKAGE

\_\_\_\_ FOOD PROGRAM FORM

\_\_\_\_ POLICY SIGN-OFF FORM (LAST PAGE IN POLICY PACKET)

### THE FOLLOWING ITEMS MAY APPLY DEPENDING ON YOUR CHILD'S AGE:

\_\_\_\_ CHANGE OF CLOTHING

\_\_\_\_ BLANKET

\_\_\_\_ DIAPERS OR PULL-UPS

\_\_\_\_ WIPES

\_\_\_\_ BOX OF TISSUES



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### BACKGROUND INFORMATION

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

#### OTHER CHILDREN IN THE FAMILY:

Name _____	DOB _____	School _____
Name _____	DOB _____	School _____
Name _____	DOB _____	School _____

#### EXPERIENCES WITH OTHERS:

What are some ways in your child plays at home (check all that apply)

Alone       With Others       Make Believe       Watches TV  
 Outdoors       Electronic Games       Self-directed       Parent-directed

List Favorite activities \_\_\_\_\_

Does (s)he play with children from other families? (check all that apply)     yes     no  
 children same age     younger children     older children

Does s(he) usually get his/her own way with other children? \_\_\_\_\_

If not, how does s(he) react? \_\_\_\_\_

#### EATING HABITS:

At what time does the child eat breakfast? \_\_\_\_\_ Lunch? \_\_\_\_\_ Supper? \_\_\_\_\_

Does s(he) feed him/herself? \_\_\_\_\_

What is his/her general attitude towards eating? \_\_\_\_\_

If s(he) refuses to eat, how is it handled and by whom \_\_\_\_\_

Favorite Foods: \_\_\_\_\_

Disliked Foods: \_\_\_\_\_

#### SLEEP HABITS:

Has own room? \_\_\_\_\_ Shares with other children \_\_\_\_\_ Rooms with  
parent \_\_\_\_\_

At night, sleeps from \_\_\_\_\_ to \_\_\_\_\_. Naps from \_\_\_\_\_ to \_\_\_\_\_.

Habits associated with going to bed or napping \_\_\_\_\_

TOILET HABITS:

\_\_\_\_\_ Goes to toilet Independently \_\_\_\_\_ Beginning

\_\_\_\_\_ #1 \_\_\_\_\_ #2 \_\_\_\_\_ Diapers \_\_\_\_\_ Pullups \_\_\_\_\_ Underwear

Time of bowel movements: \_\_\_\_\_ \_\_\_\_\_ Regular

\_\_\_\_\_ Constipated

Does child have potty accidents? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can s(he) manage his/her clothes at the toilet? \_\_\_\_\_

What word does she use for urinating? \_\_\_\_\_ Bowel Movement \_\_\_\_\_

SPEECH AND PHYSICAL GROWTH:

Was the child born prematurely? \_\_\_\_\_ If so, how many months?

\_\_\_\_\_ Does s(he) talk well? \_\_\_\_\_ Fairly well \_\_\_\_\_ Not very well \_\_\_\_\_ Not at all \_\_\_\_\_

Does anyone read to him/her? How regularly? \_\_\_\_\_

At what age did s(he) creep? \_\_\_\_\_ Crawl? \_\_\_\_\_ Walk? \_\_\_\_\_

Would you describe him/her as active, friendly or unfriendly? \_\_\_\_\_

OTHER IMPORTANT INFORMATION:

Has your child been through any of these experiences in the past year?

\_\_\_\_\_ Birth of another child in the family \_\_\_\_\_ Moving  
\_\_\_\_\_ Death in family \_\_\_\_\_ Separation or divorce of parents  
\_\_\_\_\_ Serious illness of family member \_\_\_\_\_ Other \_\_\_\_\_

Below, please provide with any other information you think we should know about your child.

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### ALLERGY INFORMATION

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Does the above named child have any known allergies to food or medicine? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If you checked YES, please fill in the chart below:

Foods that MAY NOT be served in any quantity	Foods that CAN be served In small amounts

Familiar foods that may contain the product NOT TO BE served: \_\_\_\_\_

Is the child now being, or has ever been treated by a physician for an allergy? \_\_\_\_\_

If yes, when and for how

long? \_\_\_\_\_

Is the child allergic to any medications, etc? \_\_\_\_\_

If so, to what? \_\_\_\_\_

What reactions does the child exhibit when these foods are eaten? \_\_\_\_\_

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



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### PERMISSION FORM

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

- \_\_\_\_\_ I hereby grant permission for my child to use all the play equipment and to participate in all activities of the center.
- \_\_\_\_\_ I hereby grant permission for my child to leave the center premises under the supervision of a staff member for neighborhood walks and fieldtrips in an authorized vehicle. I understand that in no case will my child be taken without prior notice to parent.
- \_\_\_\_\_ I hereby grant permission for my child to be included in evaluations and pictures connected with the center program
- \_\_\_\_\_ I hereby grant permission to have my child tested for eye and ear acuity or for academic evaluation, if the Director feels it is necessary.
- \_\_\_\_\_ I hereby grant the Director or Teacher to take whatever steps may be necessary to obtain emergency medical care, if warranted. These steps may include, but are not limited to the following:
1. Attempt to contact parents, guardian, and child's physician.
  2. Attempt to contact parents through emergency numbers given.
  3. If the center cannot reach the parents or physician we will do the following:
    - a. Call another physician
    - b. Call an ambulance
    - c. Have the child taken to the local emergency room in the company of a staff member

In any of these cases, any expenses incurred will be borne by the child's parent or guardian.

The center will not be responsible for anything that may happen as a result of inaccurate or false information given at the time of enrollment or any other time.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



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## **EMERGENCY TREATMENT AUTHORIZATION**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_  
DOB \_\_\_\_\_ Sex \_\_\_\_\_  
Mother's Name \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Father's Name \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### **EMERGENCY TREATMENT**

In the event of an emergency, I hereby grant the Director or Teacher to take whatever steps may be necessary to obtain emergency medical, if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact parents, guardian, and child's physician.
2. Attempt to contact parents through emergency numbers given.
3. If the center cannot reach the parents or physician we will do the following:
  - a. Call another physician
  - b. Call an ambulance
  - c. Have the child taken to the local emergency room in the company of a staff member

In any of these cases, any expenses incurred will be borne by the child's parent or guardian.

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### **NOTIFICATION**

I understand that I will be contacted if my child becomes ill and I agree to pick him/her up as soon as possible thereafter. I agree to follow the guidelines in the Center's Policy regarding when to keep my child home due to illness.

### **COMMUNICABLE DISEASE**

I agree to inform the Center within 24 hours that my child(ren) or any member of my family has developed a communicable diseases. Life threatening diseases should be reported immediately.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date