

Application for Admission
PLEASE RETURN COMPLETED APPLICATION & REGISTRATION FEE TO:
The Giving Tree Preschool
9601 Hull Street Road
North Chesterfield, VA 23236
(804) 276-8194 | preschool@lcosva.org

Child's Name _____ Nickname _____

Date of Birth _____ Child's Age _____ Sex of Child _____

Home Address _____ City _____ Zip _____

Custodial Mother's Name _____ Home Phone _____

Cell Phone _____ Email _____

Home Address _____ City _____ Zip _____

Place of Employment _____ Work Phone _____

Employment Address _____ City _____ Zip _____

Custodial Father's Name _____ Home Phone _____

Cell Phone _____ Email _____

Home Address _____ City _____ Zip _____

Place of Employment _____ Work Phone _____

Employment Address _____ City _____ Zip _____

Person(s) of Agency Having Legal Custody _____

Previous Child Care Programs & Schools Attended _____

Other Schools or Programs Currently Attending _____

Physician's Name _____ Phone _____

Hospital Preferred in Case of Emergency _____

Please List All Allergies or Intolerances to Food, Medication, etc. & Action to Take in an Emergency:

Chronic Physical Problems/Pertinent Developments Information/Special Accommodations Needed:

Please Provide Two Emergency Contacts in Case Parents Cannot Be Reached:

1. Name _____ Phone _____

Address _____ City _____ Zip _____

2. Name _____ Phone _____

Address _____ City _____ Zip _____

Person(s) Authorized to Pick Up _____

Person(s) NOT Authorized to Pick Up _____
(Legal Court Orders Must be Provided)

Class Preference:

- ___ 2 Year Olds (Tu & Th, 9:30 – 12:30) \$215.00 per month Note: Child must be 2 by Sept. 30th of enrollment year
- ___ 3 Year Olds (Tu – Th, 9:30 – 12:30) \$255.00 per month Note: Child must be 3 by Sept. 30th of enrollment year
- ___ 4 Year Olds (M – Th, 9:30 – 12:30) \$300.00 per month Note: Child must be 4 by Sept. 30th of enrollment year
- ___ Pre-K* (M – Th, 9:30 – 12:30) \$330.00 per month Note: Child must be 4 by Sept. 30th of enrollment year
*Wednesday extended 1 1/2 hours to 2:00

A \$100.00 non-refundable Registration Fee must accompany this enrollment agreement. The registration fee for a second child in the family is \$50.00.

Does your child have any brothers or sisters? Names and ages: _____

Comments by parents that may be helpful to us in working with your child: _____

The Giving Tree Preschool agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian (or person designated below) agrees to pick up the child thereafter as soon as possible.

Parent's or Guardian's Signature _____
Date

The parent or guardian authorizes The Giving Tree Preschool to obtain immediate medical care if an emergency occurs when he/she cannot be reached:

Parent's or Guardian's Signature _____
Date

Program Director's Signature _____
Date

Date Child Entered Program _____ Last Date of Attendance _____

**OFFICE USE ONLY
IDENTITY VERIFICATION**

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
_____ Other Form of Proof			

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency, record from public school in Virginia, or certification by a principle or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented. Viewing the child's proof of identity is not necessary when the child attends public school in Virginia **and** the center assumes responsibility for the child directly from the school (i.e. before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.