



The Giving Tree
7510 W. Randolph
Forest Park, IL 60130

Enrollment Contract

Date: _____

Child's Name: _____ Birthdate _____

Guardian(s): _____

Address: _____

Home Phone: _____

Parent 1 _____

Parent 2 _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Work _____

Work _____

Start Date _____

Enrolling in: _____

Infant Room _____

Toddler I _____

Toddler II _____

Preschool _____

Approximate Hours of Care: Drop off _____ Pick up _____

Deposit Amount _____ +\$75.00 Registration Fee= _____

Check Number _____

The undersigned have read, understood, and agreed to the terms and conditions of the parent handbook as outlined in the 2010 edition.

Guardian

The Giving Tree



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Emergency Contact Information: _____

Other Person (s) to notify if Parents/Guardians can not be reached:

1. Name: _____ Phone Number: _____
Address _____ Relationship to child _____
2. Name: _____ Phone Number: _____
Address _____ Relationship to child _____
3. Name: _____ Phone Number: _____
Address _____ Relationship to child _____

Authorized Pick up: _____

Other People authorized to pick up your children:

1. Name: _____ Phone Number: _____
Address _____ Relationship to child _____
2. Name: _____ Phone Number: _____
Address _____ Relationship to child _____
3. Name: _____ Phone Number: _____
Address _____ Relationship to child _____



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Permission Form

Trips, Excursions, and Public Park Facilities:

I/we authorize The Giving Tree staff to take my/our child on walking field trips and to nearby park facilities. I/we understand all such trips are under the supervision of the above named center and that the proper health and safety precautions are taken in compliance with DCFS standards for licensure.

Date _____ Parent/Guardian Signature _____

Consent for Pictures:

I/we authorize The Giving Tree staff to take pictures of my child to place in the classroom and center for decoration as well as for use in the promotion of the early learning center.

Date _____ Parent/Guardian Signature _____

Emergency Medical Care:

This authorizes The Giving Tree staff to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges upon receipt of any statement.

_____ is the preferred doctor/clinic/hospital, but the final decision will be left to the emergency personnel at the scene.

Date _____ Parent/Guardian Signature _____

Administer Prescription Medicine

I/we authorize The Giving Tree to administer prescribed medicine to my/our child as specified in the prescription's directions for administration. I/we understand the administration policy as outlined in the parent handbook. Prescription medicine of any kind must first be administered at home for 24 hours. A complete administration form must be filled out with the dosage information and the bottle must be in the original container stating the same dosage requirements.

Date _____ Parent/Guardian Signature _____