

Birch Tree Academy

STUDENT ENROLLMENT FORM



CHILD INFORMATION

- **First Name:** _____ **Last Name:** _____
- **Birthday (mm/dd/yyyy):** _____ **Gender:** _____
- **Allergies:** _____
- **Doctor Name:** _____ **Doctor Phone:** _____

ENROLLMENT INFORMATION

- **Desired Start Date (mm/dd/yyyy):** _____
- **Sibling Name(s):** _____
- **Language spoken at home:** _____
- **Culture & Holidays:** Is there anything important we should know about your culture or holidays you celebrate?

Enrollment Schedule (Check one):

Full day—5 days per week Full day—4 days per week Full day—3 days per week

School Age Summer Camp (Ages 6-9)

- **What days of the week would you like your child to attend?**
- Mon Tue Wed Thu Fri

(Dependent on availability at the time of enrollment)

PARENT/GUARDIAN INFORMATION

PRIMARY PARENT/GUARDIAN

- First Name: _____ Last Name: _____
 - Relationship to Child: _____
 - Email Address: _____
 - Primary Phone: _____ Secondary Phone: _____
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HOME ADDRESS

- Street Address 1: _____
 - Street Address 2: _____
 - City: _____ State: _____ Zip: _____
 - Country: _____
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ADDITIONAL PARENT/GUARDIAN (IF APPLICABLE)

- First Name: _____ Last Name: _____
 - Relationship to Child: _____
 - Email Address: _____
 - Primary Phone: _____ Secondary Phone: _____
 - Address (if different from above): _____
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TUITION SCHEDULE & AGREEMENT

Please read and initial the following financial agreement:

I consent to pay the monthly tuition. If I decide to change my attendance schedule I must first notify Birch Tree Academy in writing 30 days prior to change in order to amend my tuition amount. I also understand that tuition is due on the 2nd of every month, and that a **\$25 per day late fee** will be assessed for any payments received after the 2nd of the month. There is a **\$25 charge** for returned checks. I also understand that tuition is based on the amount of in-school days, and there isn't a reduction in the monthly tuition.

Initial Here: _____

HEALTH & MEDICAL

- **List any allergies and level of severity:**

- **Do you have any food preferences?**

- **Please list what foods you would like your child to avoid:**

- **List any additional medical requirements your child may need:**

- **List any medical conditions that staff should be aware of:**

- **Was your child born prematurely?** No Yes (If yes, how many weeks? _____)

- **Is your child fully toilet trained?** Yes No

- **Insurance Provider:** _____ **Policy Number:** _____

- **Child's Dentist:** _____ **Dentist Phone Number:** _____
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CHILD'S PERSONALITY

- **Does your child have any special dislikes or fears?**

 - **What are his/her favorite activities or special talents?**

 - **What is the most important thing you want your child to get from his/her preschool experience?**

 - **Other concerns/issues:**

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CONSENT & POLICIES

Please check the boxes to indicate your understanding and agreement:

- **TOOTH BRUSHING:** BTA offers daily brushing. I must provide a disposable pre-pasted toothbrush daily. A medication consent form must be completed each time the brand changes. **Participate?** Yes No
- **MEDICAL EMERGENCY:** I consent to allow BTA to seek and approve medical care for my child in the case of an emergency situation.
- **IMMUNIZATION:** I understand that a signed Immunization Record must be filed with the preschool before admission is completed.
- **ANNUAL RENEWAL:** I understand that all forms need to be renewed EACH YEAR my child is enrolled.
- **POLICY AGREEMENT:** I have read and discuss all of Birch Tree's policies: the Parent Handbook, Pesticide Policy, Emergency/Disaster Plan, and Health and Safety Policy, and agree to follow them.
- **CAMERA ACCESS:** I understand live video is a privilege for observation, not to be used to micromanage your child's day or teachers.
- **CAMERA VIDEOS:** I will not take recordings or pictures of the class feed. Video materials are property of Birch Tree and it is unlawful to record or own them.

- **SICK POLICY:** Children must be fever/vomit/diarrhea free for 24 hours before returning. Giving children medicine to reduce fever so they can attend school is strictly forbidden.
 - **MUTUAL RESPECT:** All adults on campus must treat others with respect. No yelling, accusing, or foul language toward teachers, parents, or children.
 - **TERMINATION:** I understand that if I terminate enrollment I need to give 30 days' notice. I will pay tuition for the 30 days after giving notice.
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AUTHORIZATIONS

Please check the boxes to grant authorization for the following:

- **PHOTOGRAPHY:** I authorize Birch Tree Academy to photograph my child.
 - **BP CONNECT:** I allow my child to appear in photos on the internal parent/teacher app BP Connect.
 - **PROMOTIONAL:** I allow photos (no last names) for promotional materials including brochures, newsletters, and the BTA website.
 - **CLASS LIST:** I authorize BTA to share my email and phone number with other parents in my child's class for distribution/birthday lists.
 - **ANIMAL VISITS:** I allow my child to participate with visiting animals. I understand they are deemed safe and used to being handled by children.
 - **SCHOOL PETS:** I allow my child to come into contact with school pets (Bel-Red: Peter Rabbit, Lake Hills: Daisy the Guinea Pig, Bothell: Honu-Iki the Turtle).
 - **SUNSCREEN:** I authorize BTA to apply **Babyorganics** sunscreen. (If "no", I will provide my own non-aerosol labeled container).
 - **CREAMS/LOTIONS:** I authorize BTA to apply parent-provided, labeled non-prescription creams, diaper creams, or ointments in the original container.
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EMERGENCY CONTACTS & PICK-UP

(Additional contacts who are NOT the parents/guardians)

1. **Name:** _____ **Phone:** _____ **Relation:** _____

2. **Name:** _____ **Phone:** _____ **Relation:** _____

• **Additional authorized pick-ups:** _____

SIGNATURE

Parent Name: _____ **Date:** _____

Parent Signature: X _____
