



The Treehouse

at Charleston Baptist Temple's
New Beginnings Preschool

Treehouse Enrollment & Information Sheet

Please complete this form if your child will be using the Treehouse.



Child's Name: _____ Age _____

Parent(s) Names & Contact Numbers:

Emergency Contacts (if parents cannot be reached):

(Do these people have your permission to pick up your child?)

YES

NO

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Treehouse Hours are: 7:30 a.m. – 4:00 p.m.

My child's Treehouse needs during the school year:

Before class: _____ until 8:30 / After class: noon until _____

Naptime Info:

I use a pacifier for nap:	YES	NO
I have a special lovey or blanket for nap:	YES	NO
I like to be rocked to sleep:	YES	NO
I like to be sang to sleep:	YES	NO
I like to be patted to sleep:	YES	NO
I will need a pull-up for nap (if potty trained):	YES	NO

(over)

Information we should know about your child:

Allergies (Food & Medical):

Child's Doctor: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Siblings (names & ages):

The information I have stated on this form is correct & accurate.

Signature:

Date:
