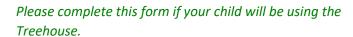


The Treehouse

at Charleston Baptist Temple's New Beginnings Preschool

Treehouse Enrollment & Information Sheet





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 you	ur child?)	YES	NO
Name:Relationship:	Relationship:		one:
Name:		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 / Af	ter 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	

Information we should know about your child:		
Allergies (Food & Medical):		
Child's Doctor:	Phone:	
	Phone:	
Siblings (names & ages):		
The information I have stated on this for	m is correct & accurate.	
Signature:	Date:	