

The Learning Tree Christian School, Inc.

Enrollment Application 2011-2012

Please complete the following application in its entirety to ensure prompt enrollment into our program. Sections not filled out will be returned to the parent/guardian for completion and may delay your child's enrollment.

Please submit application along with a **NON-REFUNDABLE \$200 application fee**, a completed physical/immunization record, health insurance information and a birth certificate. The Director **must** see and make a copy of an original Birth Certificate at the time of registration for all new Applicants.

A copy of a parent or guardian's Drivers License is required in each student folder.

Students currently enrolled in The Learning Tree Christian School, Inc. will not need to provide a Birth Certificate

Information missing will delay your child's enrollment into the program.

Classes are filled on a first come, first serve basis.

Date of application _____ Received by: _____ Application fee paid by: _____ Reviewed by: _____
Check # / Cash

Name of Applicant _____ Age as of October 31st _____

The Learning Tree is a Charismatic, Non-Denominational, Christian School. The purpose of this program is to provide a creative, loving environment, allowing for each child to grow to his/her full potential Spiritually, Academically, Developmentally, and Socially. We will engage the children in activities sharing the love of Jesus; i.e. Weekly Chapel, singing songs, finger plays, study units, Bible memory verses, Bible stories and most importantly, Prayer and Praise to Jesus each morning.

Children eligible to attend The Learning Tree Christian School, Inc. must be 3 years old on or before October 31, of the enrolling year and be potty trained. (No exceptions)

Classes will be made up of 3- 4 year old children for Pre-School, 4- 5 year old children for Kindergarten, 5-6 year old children for First Grade, 6-7 year old children for Second Grade, 7-8 year old students for Third Grade and 8 and 9 year old students for forth grade. Depending on enrollment some classes may be combined.

Placement depends on birthdates and/or cognitive/developmental levels at time of registration.

Testing may be required to determine your child's eligibility for a particular class.

Students will be placed in the appropriate learning environment for their leaning style.

The Learning Tree Christian School, Inc., its' directors and/or its' faculty does not discriminate on the basis of ethnic origin, gender, social status, academic performances, or the like.

"And they shall be like a tree planted by rivers of water." Psalm 1:3

Class Assignments and Tuition

Class Interest – (circle one)

<u>Class</u>	<u>Times</u>	<u>Annual Tuition</u> <i>Due July 25th</i>	<u>Quarterly Tuition</u> <i>Due on the 25th of July, Oct., Jan., April</i>	<u>Monthly Tuition</u> <i>Due 25th of each month-1st due July 25th</i>
<i>Tuesday-Thursday 1/2</i>	<i>8:45am-12:30pm</i>	<i>\$1,700.00</i>	<i>\$450.00</i>	<i>\$200.00</i>
<i>Tuesday-Thursday Ext.</i>	<i>7:00am-5:30pm</i>	<i>\$3,400.00</i>	<i>\$875.00</i>	<i>\$370.00</i>
<i>Mon-Wed-Fri 1/2</i>	<i>8:45am-12:30pm</i>	<i>\$2,500.00</i>	<i>\$650.00</i>	<i>\$280.00</i>
<i>Mon-Wed-Fri Ext.</i>	<i>7:00am-5:30pm</i>	<i>\$5,000.00</i>	<i>\$1,275.00</i>	<i>\$530.00</i>
<i>Monday-Friday 1/2</i>	<i>8:45am-12:30pm</i>	<i>\$3,500.00</i>	<i>\$900.00</i>	<i>\$380.00</i>
<i>Monday-Friday Ext.</i>	<i>7:00am-12:30pm</i>	<i>\$6,500.00</i>	<i>\$1,650.00</i>	<i>\$680.00</i>
<i>Kindergarten M-F</i>	<i>8:45am-1:00pm</i>	<i>\$4,000.00</i>	<i>\$1025.00</i>	<i>\$430.00</i>
<i>Kindergarten M-F</i>	<i>7:00am-5:30pm</i>	<i>\$6,500.00</i> <i>Plus an annual \$75 curriculum fee</i>	<i>\$1,650.00</i> <i>Plus an annual \$75 curriculum fee</i>	<i>\$680.00</i> <i>Plus an annual \$75 curriculum fee</i>
<i>First Grade M-F</i>	<i>8:45am-3:00pm</i>	<i>\$4,500.00</i> <i>Plus an annual \$250 curriculum fee</i>	<i>\$1,150.00</i> <i>Plus an annual \$250 curriculum fee</i>	<i>\$480.00</i> <i>Plus an annual \$250 curriculum fee</i>
<i>First Grade M-F</i>	<i>7:00am-5:30pm</i>	<i>\$6,500.00</i> <i>Plus an annual \$250 curriculum fee</i>	<i>\$1,650.00</i> <i>Plus an annual \$250 curriculum fee</i>	<i>\$680.00</i> <i>Plus an annual \$250 curriculum fee</i>
<i>Second, Third and Forth Grades M-F</i>	<i>8:45am-3:00pm</i>	<i>\$4,500.00</i> <i>Plus an annual \$250 curriculum fee</i>	<i>\$1,150.00</i> <i>Plus an annual \$250 curriculum fee</i>	<i>\$480.00</i> <i>Plus an annual \$250 curriculum fee</i>
<i>Second, Third and Forth Grades M-F</i>	<i>7:00am-5:30pm</i>	<i>\$6,500.00</i> <i>Plus an annual \$250 curriculum fee</i>	<i>\$1,650.00</i> <i>Plus an annual \$250 curriculum fee</i>	<i>\$680.00</i> <i>Plus an annual \$250 curriculum fee</i>

(Please check the appropriate box)

- We choose the full payment option. We will pay in full by July 25th*
- We choose the quarterly payment option.*
- We choose to pay month to month. We understand that tuition is due on the 25th of each month.*

Child's Information

Name _____ Nickname _____

Birth date _____ Age _____ Birth Certificate No. _____

(An original Birth Certificate is required by law to be seen at time of registration)

Favorite Foods _____ Favorite Toys _____

Favorite Activities _____

Allergies Y/N (if yes please explain)

Do the allergies listed require any special treatment and/or medication? Y/N (if yes please explain)

*Allergies requiring medication MAT Regulations must be followed
See Director for Mandatory forms to be filled out by you and your physician*

Does your child have a medical condition that would limit activities? Y/N (if yes please explain)

Is your child a participant in any special services in your county? I.e. speech, OT Etc...Y/N (if yes please explain)

If your child has an active IEP or is about to obtain an IEP please submit a copy of it along with this application. Likewise, if there are any outside diagnosis please attach. The director will use this information to better equip the teaching staff and to assist them in preparing appropriate curriculum for your child.

Address _____

City _____ County _____ State _____ Zip _____

Child's Doctor _____ Child's Dentist _____

Phone _____ Phone _____

Does your child/family attend church? Yes or No If yes where do you attend _____

Parent Information

Father/Guardian _____ Social Security Number _____ - _____ - _____

Address _____

City _____ State _____ Zip _____

Employment _____ Job Title _____

Home Phone _____ Work Phone _____ Cel Phone _____

Email Address: _____

Mother/Guardian _____ Social Security Number _____ - _____ - _____

Address _____

City _____ State _____ Zip _____

Employment _____ Job Title _____

Home Phone _____ Work Phone _____ Cel Phone _____

Email Address: _____

School History

Please list all schools/camps/child care centers that your child has participated in.

Has your child ever been dismissed from this facility? Y/N (if yes please explain)

Development Milestones

Please write in your own words where you feel that your child is both cognitively as well as socially.

What would you like to see your child's teacher work on with him/her this year?

Do you have any concerns about your child's development academically, socially or developmentally?

Emergency Contacts (2 mandatory contacts other than the parent/guardian must be on file)

First Choice Contact

Name _____ Relationship to child _____

Address _____ City _____

Home Phone _____ Work Phone _____ Cel _____

Second Choice Contact

Name _____ Relationship to child _____

Address _____ City _____

Home Phone _____ Work Phone _____ Cel _____

Is anyone other than Parent/Guardian allowed to pick-up your child? Y/N

If yes who _____

May they pick-up any time or only with when you have notified the director? _____

Please note:

Persons not on this application and approved for pick-up will not be allowed to remove your child from this facility. Changes to your pick-up/emergency contacts must be made in writing with NO EXCEPTIONS.

CALLING IN IS NO LONGER ALLOWED.

Please notify your emergency contact persons that they will need to bring a photo ID and will be required to sign your child in/out from their classroom prior to leaving the premise.

Signed _____ Date _____
Signed _____ Date _____

The Learning Tree Christian School, Inc.



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Dear Parent/Guardian,

As part of our admission process for grades Kindergarten - Forth, The Learning Tree Christian School, Inc. henceforth referred to as; TLT requires recommendations from teachers for each applicant. TLT requests that teachers provide honest and detailed information about the applicant. Subsequent access to these forms by the parent or student may have a negative impact upon the recommendation process. Accordingly, parents of students seeking admission to TLT must complete and sign this form:

Applicant's Name_____ Candidate for Grade:_____

I, _____, the parent/guardian of the referenced Applicant, hereby authorize current teachers of the Applicant to complete and submit a recommendation form to TLT. I understand that these forms are for internal use only and are not included in the applicant's permanent file that may be sent to other educational institutions upon graduation or transfer. I hereby release TLT, any teacher and/or faculty member completing a recommendation form or any claims arising out of the use of the form consistent with this authorization.

Parent/Guardian (Please Print Name)_____

Parent/Guardian Signature_____ Date:_____

learningtreeschool@yahoo.com

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Dear Parent or Guardian,

Please complete this form, including signature at the bottom, and give it to the principal or guidance office at your child's current school. This form is to be kept in the school's files. It is their record of your permission to send copies of your child's report cards, standardized test scores, teacher recommendations, and other records relevant to the admission at The Learning Christian School, Inc.

TO: Principal/Director of School

School Name: _____

School Address: _____

REGARDING:

Student Name: _____

Student Address: _____

Please release copies of this student's standardized test scores, report cards, disciplinary records, and other records relevant to admission to:

The Learning Tree Christian School, Inc.
Attn: Director of Admission
learningtreeschool@yahoo.com
Or Contact us at 540-848-3902

I hereby give permission to the Principal/Head of School or any school personnel designated by the Principal of _____ to release information about my child, _____
birth date _____, to The Learning Tree Christian School, Inc. for the purpose of consideration for admission.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
