

The Laurel Tree Academy Application for Enrollment

This application represents a request for admission to The Laurel Tree Academy. A **non-refundable** registration fee of \$75.00 must accompany this form along with a **non-refundable** deposit equal to one week's tuition. This deposit will be applied to the child's last week of enrollment providing 14 days notice of withdrawal is given **in writing**.

Child's Name _____ DOB _____

Child's Address _____

Mother's Name _____ email: _____

Mother's Address _____

Mother's Home Phone _____ Cell Phone _____

Mother's Business Name & Address

Mother's Business Phone _____

Father's Name _____ email: _____

Father's Address _____

Father's Home Phone _____ Cell Phone _____

Father's Business Name & Address

Father's Business Phone _____

Does your child have any medical, behavioral or developmental concerns that we should be aware of ? (***Please include any food allergies & attach additional information if necessary***)

Family Physician _____ Phone _____

Days Requested (circle) M T W T F

Approximate drop-off time _____ Approximate pick-up time _____

How did you hear about The Laurel Tree Academy ? _____

Parent's Signature _____ Date _____

Requested start date _____