



1300 S. Broadway  
Truth or Consequences, NM 87901  
"Meeting the Needs of the Whole Child"  
**(575) 894-5646**

## ENROLLMENT APPLICATION STUDENT INFORMATION

Name \_\_\_\_\_ Age \_\_\_\_ Birth date \_\_\_\_\_  
 Preferred Name \_\_\_\_\_ Sex M  F   
 Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home # \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

### MOTHER / GUARDIAN

### FATHER / GUARDIAN

Name _____	Name _____
SS # _____	SS # _____
Home # _____	Home # _____
Work # _____	Work # _____
Occupation _____	Occupation _____
Email _____	Email _____
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single Step Parents	
Legal Custody / Visiting Arrangements _____ _____	Remarks _____ _____

Is your child adopted? \_\_\_\_\_ If yes, at what age? \_\_\_\_\_ Have they been told they are adopted? \_\_\_\_\_

### EMERGENCY CONTACT

### HOUSEHOLD MEMBERS

Name _____	Name _____	Relationship _____	Age _____
Home # _____	_____	_____	_____
Work # _____	_____	_____	_____
Cell # _____	_____	_____	_____
Relation _____	_____	_____	_____
Email _____	_____	_____	_____

I give permission for AppleTree Educational Center (AppleTree) to do screenings and assessments throughout the year, as needed, and make referrals, if necessary, to the appropriate agencies.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



### MEDICAL AND EMERGENCY INFORMATION

Does your child have allergies? If so, please list them.

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Does your child have asthma? If so, please describe.

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Does your child have an IEP or IFSP? If so, please describe.

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Are there any Doctor prescribed medications that need to be consistently administered at AppleTree?\*

\*If yes, please also fill out the AppleTree Medical Consent Form. (This includes Tylenol, Diaper rash ointment, Motrin ...etc.)

I have concerns with:

Vision                                       Hearing                                       Speech  
 Dental     Other: \_\_\_\_\_

### AUTHORIZATION FOR EMERGENCY TREATMENT

AppleTree procedure in case of an emergency, such as sudden illness or serious accident is:

1. Render first aid.
2. Contact the child's parents/guardians. If parents cannot be contacted, an emergency contact will be contacted.
3. Contact the child's doctor and/or emergency personnel.
4. Escort your child to the hospital in extreme cases.

Family Doctor \_\_\_\_\_ Insurance Co. \_\_\_\_\_  
Address \_\_\_\_\_ Policy Holder \_\_\_\_\_  
City \_\_\_\_\_ Policy # \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_  
Phone # \_\_\_\_\_

I understand that in some medical situations, AppleTree staff will need to contact the local emergency resource and/or transport my child to a doctor or hospital before the parents/guardians or emergency contact can be reached. **AppleTree has my permission to take whatever emergency medical measures are deemed necessary for the care and protection of my child. I release AppleTree Educational Center and its affiliates from medical liability.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



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### FIELD TRIPS

I give my permission to AppleTree Educational Center to take my child on supervised walking and riding excursions. I understand that I will be notified in advance so that I might withhold my child from any field trip. I agree to hold AppleTree Educational Center, Manzano Christian School, Full Gospel Tabernacle, and all approved volunteers or staff HARMLESS from any AND ALL claims which may arise from these trips.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### MEDIA RELEASE

I give my permission to AppleTree to take photographs and videos of my child and to use them in publicity at any time.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### SUNSCREEN

I give my permission to AppleTree staff to apply sunscreen to my child as needed.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### AUTHORIZATION TO PICK UP

**In accordance with State law, we must have on file the names, addresses and telephone numbers of the individuals permitted to pick up a Kinder to 13 year old child from our facility. If someone arrives to collect your child and we do not have their name in our file in writing, we cannot allow your child to leave with them.** Please list below any persons allowed to pick up your child so we may avoid any embarrassment, inconvenience, or tragedy.

Name	Relationship to Child	L,E,or P*	Physical Address	Home #	Cell #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\*L = Lives with, E = Emergency Only, & P = Pick up/Drop off

The child listed on this application will not be considered for enrollment if the form is incomplete, the form is not notarized, or the non-refundable application fee of \$35 is not included. **Application does not guarantee enrollment, but begins the process of enrollment upon acceptance.** By signing these pages, parents/guardians agree to meet their financial obligations to AppleTree and to support the policies and procedures established by AppleTree. AppleTree reserves the right to deny admittance or to disenroll any family/guardian/child who fails to comply with the established policies and procedures or whose financial obligation is unpaid.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### NOTARY

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission expires \_\_\_\_\_.

Notary Public \_\_\_\_\_.



### HELP US GET ACQUAINTED WITH YOUR CHILD

Please list your child's previous experiences in other programs: (Sunday Schools, Mother's Day Out, Preschool ...etc.)

Program Name \_\_\_\_\_ Age \_\_\_\_\_

Program Name \_\_\_\_\_ Age \_\_\_\_\_

Does your child play with any children from your neighborhood? \_\_\_\_\_

Does your child have any pets? If yes, what types? \_\_\_\_\_

Does your child have any specific fears? \_\_\_\_\_

Does your child have any siblings? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

Has your child had any experiences recently that may have been upsetting to him or her?  
(New baby, death, recent move, divorce ...etc.)

Eating Schedule \_\_\_\_\_ Sleep/Nap Schedule \_\_\_\_\_

Favorite Foods \_\_\_\_\_

Does your baby require special formula? \_\_\_\_\_ Is there any special way your child falls asleep? \_\_\_\_\_

Other: \_\_\_\_\_ (blanket, item, position)

Is your child:  Breast fed  Bottle fed  Both \_\_\_\_\_

Toileting :  Diapers full-time\*  Pull-ups  Uses Potty

Fully-trained  Needs Help  Occasional Accidents

\*Please remember that you are required to supply diapers. AppleTree charges \$5.00 for each diaper used.

What word does your child use for urination? \_\_\_\_\_ What word does your child use for a bowel movement? \_\_\_\_\_ Other: \_\_\_\_\_

How do you usually comfort your child? \_\_\_\_\_ Do you have any concerns about your child's milestones? (sitting, walking, language ...etc.) \_\_\_\_\_

As you think of the upcoming year, what do you hope your child will gain from their experiences at AppleTree?

What would be three or four learning goals you would set for your child this year?